

**Centring First Nations and Métis Perspectives:
Addressing Colonial Context in Forensic Assessment Reports**

by

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Abstract

Colonial and structural conditions that shape First Nations, Inuit, and Métis (FNIM) peoples' involvement in the Canadian criminal legal system are often documented in forensic reports as individual risk factors, with limited discussion of how colonial context underlies the individual's presentation or should inform interventions. Despite growing concern, there is limited practical guidance for forensic professionals on understanding and integrating colonial context into assessment and report-writing practices. The present project used an Indigenous relational qualitative design, guided by the North Hawk Elder Council, to explore how colonial context is represented in forensic reports and recommendations for meaningfully integrating colonial context and creating culturally safer assessment practices. Eight First Nations and Métis professionals with experience working alongside FNIM peoples involved in the criminal legal system in Manitoba, Canada took part in the project as relatives. Relatives reviewed two mock forensic reports reflecting current forensic reporting practices and met with me in person ($n = 6$) or through Zoom ($n = 2$) for a semi-structured research conversation. Reflexive thematic analysis generated five interconnected themes: (1) *The person at the centre*; (2) *When system constraints limit understanding*; (3) *One-eyed seeing: when a Western lens becomes the whole picture*; (4) *"Where is the healing?"*; and (5) *Two-Eyed Seeing: bringing the person back into the process*. Relatives described the mock reports as realistic and connected them to reports and circumstances encountered in their professional practice. Across themes, relatives described how system constraints and a Western risk-centric lens shape what is known about the person and how that information is interpreted and communicated. Together, the first four themes suggest that the mock reports presented a disproportionately risk-focused and deficit-based picture of the person in which colonial context, strengths, and the person's future were largely absent. The final

theme, *Two-Eyed Seeing*, offered a direction for bringing FNIM and Western knowledge together while recentring the person throughout. Findings informed organizational, policy, and system-level recommendations, as well as practice recommendations for forensic professionals. Overall, the project provides applied guidance for culturally safer forensic assessment and reporting that centres the person and recognizes healing as integral to longer-term public safety.

Keywords: cultural safety, risk assessment, report writing

Table of Contents

Acknowledgements	2
Abstract	4
List of Figures	8

List of Tables	9
The Power of Language	10
Chapter 1: Introduction	11
The True History of Canada and Settler Colonialism	13
Colonial Ideologies and Tools of Cultural Genocide	14
Contemporary Colonialism and Social Determinants of Criminalization	17
The Canadian CLS: Overincarceration and Landmark Cases	19
The Role of Forensic Reports	20
Summary of the Issue	25
The Present Project	26
Chapter 2: Methods	27
Project Design	27
Positionality and Community Consultation	28
Relatives	31
Data Collection Procedures	33
Materials	33
Recording and Data Transformation	35
Data Analysis	35
Advocacy and Knowledge Mobilization Plan	37
Chapter 3: Findings	39
Theme 1. The Person at the Centre	39
Theme 2. When System Constraints Limit Understanding	42
Theme 3. One-Eyed Seeing: When a Western Lens Becomes the Whole Picture	47
All Risk, No Context: “It Becomes an Individual’s Problem, It Becomes their Fault”	47
Pathologizing Culture: “We’re So Quick to Impose a Psychiatric Diagnosis on Them”	50
“[That’s] Not Objective, That’s Colonial Bias”: Implicit Bias in Reports	52
Theme 4. “Where Is the Healing?”	54
“What Is Public Safety? What Does That Mean?”	55
“Believe It or Not, People Are Scared of Psychologists.”	57
Theme 5. Two-Eyed Seeing: Bringing the Person Back Into the Process	59
Redefining Public Safety: “It Is Through Healing That Things Will Change”	60

“Do They Understand the Context of Colonization?”	65
“‘We Have to Call It Out’: Making Colonial Context and Bias Visible	69
Creating a Culturally Safer Process	75
Chapter 4: Discussion	79
Overview of Findings	79
The Importance of the Assessment Process	80
Colonial Context and Meaningful Contextualization	82
Reconceptualizing Public Safety Through Healing and Two-Eyed Seeing.....	85
Toward Culturally Safer Forensic Assessment: Policy and Practice Recommendations.....	87
Organizational, Policy, and System Recommendations.....	87
Practice Recommendations for Forensic Professionals	90
Strengths and Limitations	95
Future Directions and Next Steps	97
Conclusion	98
References	99
Appendix A: Consent Form	116
Appendix B: Mock Report Instructions	126
Appendix C: NCR Mock Report Reader Guide	128
Appendix D: UST Mock Report Reader Guide	129
Appendix E: Conversation Guide and Demographics	130

List of Figures

Figure 1 40

List of Tables

Table 1 89

Table 2 92

The Power of Language

Language is a vital part of everything we do. It shapes how we understand and perceive the world and how we communicate with others (Kovach, 2021; Monchalin, 2016). As stated by Monchalin (2016), “naming can be used as a tool of both social control and resistance—and putting this tool in the right hands—is more important than adhering to technical correctness” (p. 4). Throughout this paper I aim to be very intentional about the words I use; thus, the following terms will be used in place of other more commonly used terms: **criminal legal system** instead of criminal justice system (Levin, 2023); **residential institutions** instead of residential schools (Assembly of First Nations [AFN], 2017); **ancestral** instead of traditional (Monchalin, 2016); **project** instead of study (Nijdam-Jones et al., 2026a; L. Smith, 2021); **conversations** instead of interviews (Kovach, 2021); **relatives** instead of participants (North Hawk Elder Council, personal communication, 2025); and **First Nations, Inuit, and Métis** instead of Indigenous (Mashford-Pringle et al., 2023). I intentionally challenge existing terms because words have power and decolonizing the language we use is a small but meaningful step towards reconciliation, placing the choice and power back in the hands of Indigenous peoples. Detailed explanations of these intentional language choices will be described throughout my thesis.

Chapter 1: Introduction

Settler colonialism and cultural genocide are the root causes of over-incarceration for Indigenous people internationally (Chartrand, 2019; Cunneen & Tauri, 2016). Criminal legal systems (CLS)¹ have been weaponized against Indigenous people, forcing them off their lands, removing children from their communities, and criminalizing culture (Chartrand, 2019; Cunneen & Tauri, 2016; Johnson, 2019; Joseph, 2018; Monchalin, 2016). This colonial legacy underlies social determinants of criminalization² (McCausland & Baldry, 2023), such as income, employment, housing, education and health, that elevate Indigenous people's risk of involvement in the CLS. Indigenous-specific racism is also embedded in forensic and correctional policies and procedures, creating unsafe, unjust, and inequitable practices that perpetuate harms for individuals, families, and communities (Braley et al., 2026; Brown et al., 2026). For Indigenous peoples, safety and healing are fostered through holistic systems that centre ancestral knowledge, land, family, and ceremony (Ashdown et al., 2019; Assembly of First Nations [AFN], 2018a; Braley et al., 2026; Wharewera-Mika et al., 2023). Yet forensic and correctional systems often disconnect individuals from these sources of healing (Braley et al., 2026; Butsang et al., 2020; Dawes et al., 2017; Gauthier, 2018; Johnson, 2019; Landau, 2006; McEntyre et al., 2024; Rose et al., 2019). These forms of structural racism and systemic inequalities have entrenched cycles of incarceration for Indigenous peoples and limit equitable access to forensic mental health services.

One key contributor to this cycle is the use of violence risk assessment (VRA) tools.³ In *R. v. Ewert* (2018), the Supreme Court of Canada held that actuarial VRA tools should not be

¹ To reflect the injustice of these systems, criminal legal will be used in place of criminal justice (Levin, 2023).

² Criminalization is used in place of justice to reflect the role of these systemic inequalities (Brown et al., 2026).

³ VRA tools are used to estimate the likelihood of future violence, identify risk factors, and inform critical legal decisions for custody and treatment (Ramshaw et al., 2021a).

used with Indigenous individuals unless there is empirical evidence of their validity and reliability, due to concerns about potential systemic bias. This case has been cited internationally to highlight concerns and support the need for culturally informed VRAs (Day et al., 2018; Shepherd & Lewis-Fernandez, 2016). Developed from Western worldviews, VRAs provide little to no guidance on integrating colonial context, Indigenous knowledge, or cultural safety into the evaluation process (Muir et al., 2023; Shepherd & Anthony, 2018; Shepherd & Lewis-Fernandez, 2016; Shepherd & Willis-Esqueda, 2018). As a result, empirical risk factors for violence rooted in colonial harms (e.g., traumatic experiences, substance use, employment; Andrews & Bonta, 2010; Olver et al., 2024) are often interpreted without context, reinforcing stereotypes of dangerousness and contributing to further criminalization of Indigenous peoples (Barmaki, 2023; Claeys et al., 2026; Monjazebe, 2025). Across VRA tools, Indigenous peoples are more likely to be considered higher risk (Almond et al., 2021; Barmaki, 2023; Claeys et al., 2026), restricting parole opportunities and perpetuating incarceration. When colonial context is integrated, risk ratings and punitive recommendations decrease (Monjazebe, 2025), demonstrating both the harms of current approaches and the potential of culturally informed frameworks. However, due to limited training and guidance, contextualization and integration of colonial factors are rarely implemented in practice (Monjazebe, 2025).

There is an urgent need for practical, culturally informed frameworks to guide forensic professionals' report writing practices to support holistic healing and wellness and prevent the continued perpetuation of harm and criminalization of Indigenous peoples. This project⁴ aimed to address this gap by exploring First Nations, Inuit, and Métis (FNIM)⁵ professionals' perspectives

⁴ Project is used instead of study to recognize the harms created and perpetuated by "studying" Indigenous peoples (L. Smith, 2021) and reflect the relational foundation of the present project (Nijdam-Jones et al., 2026a).

⁵ While there are shared impacts of colonialism for Indigenous peoples internationally (Lane et al., 2020; Wilson, 2008), there are still many important distinctions, unique histories and experiences both across and within each

on how colonial context is currently integrated into forensic reports and explore ways forensic report writers could acknowledge colonial harms to promote healing and wellness for FNIM peoples in Canada. Central to this work is the importance of Indigenizing research and grounding it in a decolonial approach by affirming Indigenous perspectives, experience and knowledge systems while confronting the realities of Canada's history and the ongoing harms of colonization (Gaudry & Lorenz, 2018; Kovach, 2021; Queen's University Office of Indigenous Initiatives, n.d.). This chapter begins by focusing on the ancestral⁶ ways of knowing and being for First Nations and Inuit peoples in what is now called Canada, followed by an overview of key historical events, policies, and acts of cultural genocide demonstrating the systemic inequalities embedded in the CLS and forensic evaluations that underlie the overrepresentation and criminalization of FNIM peoples. The focus then shifts to the role of risk assessments and forensic reports in legal decision-making, with an emphasis on the literature surrounding FNIM peoples and the impacts of language in these reports, thereby establishing the need for the current project which provides guidance for professionals to integrate colonial contextual factors in forensic reports for FNIM peoples.

The True History of Canada and Settler Colonialism

Before settlers arrived in Canada, First Nations and Inuit peoples had been the caretakers of these lands since "time immemorial" (AFN, 2018b, p. 2; see also Monchalin, 2016). There were millions of First Nations peoples with different migration patterns, sustainable hunting

country. In Canada, the term Indigenous refers to three distinct groups: First Nations, Inuit, and Métis. Recognizing the unique cultures, languages, and histories of these communities is essential to addressing the impacts of colonialism and more broadly, building culturally safe health care services (Mashford-Pringle et al., 2023). Accordingly, this thesis will use "FNIM" when referring to these communities in Canada, while retaining "Indigenous" in reference to literature that uses this broader international term (Kovach, 2021; Monchalin, 2016; Wilson, 2008).

⁶ Ancestral is used in place of traditional to acknowledge that these beliefs, values, and practices are still alive today despite the attempts of colonizers to eradicate FNIM peoples (Monchalin, 2016).

practices that honored all parts of the animal, and unique cultures influenced by their ancestral lands (AFN, 2018b). The underlying beliefs and values that guided daily life were often similar, including the belief that everything and everyone is sacred, equal, and interconnected and the importance of reciprocal relationships, such as respecting the land and giving back to nature.

These values were also represented in Indigenous beliefs surrounding justice. Across Nations there were different practices, but the underlying goals often focused on healing and restoring balance to the person and the community. Justice was viewed as a community solution rather than an individual issue (Monchalin, 2016). This relational approach to justice reflects the importance placed on holistic understanding—viewing the person as a whole (spiritual, emotional, mental, and physical) situated within relationships to the land, community, and ancestors. These ancestral beliefs of relationality, reciprocity, and restoring balance are still present today, with similarities in the core values and principles within and between FNIM peoples (for more details see Lane et al., 2020; Wilson, 2008).

Colonial Ideologies and Tools of Cultural Genocide

Despite having established forms of governance, rules, and values, First Nations and Inuit peoples were depicted by settlers as “uncivilized” and “savages” to dehumanize them and justify cultural genocide (AFN, 2018a; Monchalin, 2016). Central to this settler colonial agenda was the Doctrine of Discovery, which advanced the intent to “conquer” lands and people through displacement and replacement of Indigenous peoples. The Doctrine was based on the belief that lands had not yet been discovered if those living on the lands were not Christian (AFN, 2018a; Monchalin, 2016). Displacement severed access to ancestral ways of living, such as hunting, fishing, trapping, and other land-based practices that had sustained communities for generations

(AFN, 2020; Joseph, 2018; Monchalin, 2016)⁷. Furthermore, colonial ideologies, rooted in racism, patriarchy, and Christian superiority, became the foundation for tools of cultural genocide that sought to erase and replace Indigenous ways of life (Monchalin, 2016).

The *Indian Act* (S.C. 1876, c. 18) was created to impose western forms of governance and control and enabled policies aimed at reducing and removing First Nations people (Joseph, 2018). However, as stated by Episkenew (2009), “Colonialism is sick; under its auspices and supported by its mythology, the colonizers have inflicted heinous wounds on the Indigenous population that they set out to civilize” (p. 11). Settler colonialism did not erase FNIM peoples but instead created conditions of dependency on the colonial state, historically referred to as the “Indian problem” (AFN, 2019; Joseph, 2018; Palmater, 2014). Further attempts at cultural genocide included prohibitions under the Indian Act, which banned cultural clothing and ceremonies (e.g., sun dance). Additionally, the movement of First Nations peoples was informally restricted through the pass system (i.e., requiring permission from an Indian agent to leave their reserve), which was enforced by the threat of arrest and charges such as trespassing (for more information on the history and impact of the Indian Act, see Joseph, 2018).

Residential institutions⁸ in Canada functioned as tools of psychological and cultural violence. Children were systematically taught that being Indigenous was shameful and wrong (Palmater, 2014; Sellars, 2013). In many cases, FNIM children were forced not only to endure

⁷ For further information on the dislocation of Inuit communities see Crown-Indigenous Relations and Northern Affairs Canada (2025), as well as a documentary on the high Arctic relocation (Tassinari, 1995), and for Métis history see Monchalin (2016).

⁸ Residential institutions are responsible for the death of many FNIM children. Due to the egregious conditions, many never returned home. The Truth and Reconciliation Commission of Canada [TRC] (2015) has identified 3,200 registered deaths and found that many families did not receive closure. Moreover, based on survivors’ accounts of the atrocities committed (e.g., officials murdering babies born from rape; Monchalin, 2016), residential institutions were responsible for the death of many more FNIM children. As AFN National Chief RoseAnne Archibald stated, “It’s very clear that genocide did happen in Canada and that these were not schools. These were institutions of assimilation and genocide.” (as quoted in AFN, 2017, p. 3). Thus, the term institutions will be used instead of schools to better reflect the government’s true intent and the deep wounds these policies created.

abuse but to inflict it upon one another (Sellars, 2013; see also Barnes & Josefowitz, 2019). The forced removal of FNIM children also occurred through mass apprehension by child welfare agencies and placement into non-FNIM families (Joseph, 2018; Sinclair, 2007). This became known as the Sixties Scoop, though this continued well into the 1980s (Joseph, 2018; Sinclair, 2007). The widespread removal of children disrupted kinship and familial bonds, as well as the transmission of knowledge, language, and values (Sinclair, 2007). This disconnection from family, community, and culture produced intergenerational trauma that remains central to the structural conditions increasing FNIM peoples' vulnerability to CLS involvement today. The resulting cycles of violence, family disruption, and mistrust of institutions continue to be pathologized within forensic assessments and used to justify CLS interventions instead of being understood as products of colonial violence (Brown et al., 2026; Muir et al., 2023; Shepherd & Willis-Esqueda, 2018).

Patterns of colonial control extended into the emerging disciplines of medicine and psychology. Medical and mental health fields have a long history of unethical, abusive, and racist research and practice against Indigenous peoples (A. Smith, 2015). Specifically, psychologists stand out from other professionals for seeking to "impose their own European definition of reality upon the rest of the world" (Howitt & Owusu-Bempah, 1994, p. 3). Early psychological research and assessment practices, shaped by eugenic ideologies, translated colonial hierarchies into scientific language, pathologizing difference and reinforcing beliefs of racial and cultural superiority (Gillies, 2013). One clear example is the development of intelligence tests, which were used to justify the forced sterilization of people determined to be "feeble-minded", including thousands of Indigenous people, most often females (Monchalin, 2016; Stote, 2015). In addition, Indigenous adults and children (especially in residential institutions) were subjects in medical

experiments without their consent or knowledge (Mosby, 2013; A. Smith, 2015). These atrocities committed within psychology and medicine through colonial policies continue to have devastating and intergenerational impacts on FNIM communities in Canada⁹.

Contemporary Colonialism and Social Determinants of Criminalization

Contemporary colonialism is the ongoing pathological structure of colonial legacies entrenched within government institutions and services that continue to produce harm (Chartrand, 2019; Episkenew, 2009; Monchalin, 2016). For example, access barriers are connected to complexities related to the Indian Act and the funding models for FNIM peoples, which impacts access to mental health, health care, infrastructure, education and employment, as well as essential services such as housing, clean water, and food (Meikle & Comack, 2023; see also Layton, 2023). First Nations communities are disproportionately impacted by socio-economic factors (e.g., lower average income, limited employment opportunities) and structural conditions that are the direct result of settler colonial policies, such as the forced removal from ancestral lands and loss of status, and ongoing institutional neglect (Joseph, 2018; Meikle & Comack, 2023). Even in urban settings, where resources should be more accessible, FNIM individuals continue to face significant barriers to care due to a lack of transportation and trust in professionals (Xavier et al., 2018b).

Colonialism continues to be embedded across sectors, including health care, education, and the CLS. For Indigenous peoples, institutional racism in health and mental health care fields is just one of the many structures contributing to the systemic inequalities and CLS involvement (Denis-Boileau & Steinenger, 2022; Hardman et al., 2026; Muir et al., 2023, 2024; Ralston,

⁹ Details surrounding other key events and policies not covered in this section are beyond the scope of this paper, but for timelines and comprehensive resources see AFN (2020).

2021). Dishonesty and coercion within the medical field are ongoing concerns, with Indigenous females continuing to battle against interpersonal racism and unsafe reproductive services (Black et al., 2021; McKenzie et al., 2022). These experiences reinforce mistrust toward service providers and discourage individuals from accessing care. Experiences of racism and discrimination within health and mental health settings have cumulative effects; specifically, delayed access to essential services can exacerbate presenting problems and increase risk of negative outcomes (O'Brien et al., 2018; Xavier et al., 2018a, 2018b). In addition, discrimination is also associated with a higher likelihood of substance use, aggression, and mistrust of institutions, all of which increase risk for CLS involvement (Muir et al., 2023, 2024).

Similarly, mental health services continue to rely on practices and procedures grounded in Western worldviews and values when assigning diagnoses and defining wellness and intelligence for Indigenous peoples and other people of colour (Barmaki, 2023; Braley et al., 2026). While psychology has evolved, it is not possible to separate the discipline from the colonial ideologies in which it was founded (Gillies, 2013; Wilson, 2008). Developed by and for dominant groups, these Western approaches reinforced beliefs of cultural and racial superiority and continue to shape how wellness, pathology, and risk are understood. As a result, Indigenous peoples are often pathologized through systems that fail to recognize the effects of colonization, perpetuating cycles of mistrust and criminalization.

The cumulative effects of these systems are reflected in colonial factors (commonly referred to as Gladue factors in the Canadian CLS), which are the enduring impacts of colonization such as dislocation, residential institutions, child apprehension, poverty, intergenerational trauma, and systemic racism (Denis-Boileau & Steinenger, 2022; Ralston, 2021). These factors, which overlap with social determinants of criminalization, continue to

shape FNIM peoples' life circumstances and opportunities, influencing ongoing pathways to CLS involvement (Chartrand, 2019; Monchalin, 2016; see also McCausland & Baldry, 2023), while also decreasing access to specialized forensic services (Brown et al., 2026). Understanding these conditions is essential to contextualizing not only the overrepresentation of Indigenous peoples in the CLS but also the biases embedded within the assessment and report writing practices that inform legal decision-making.

The Canadian CLS: Overincarceration and Landmark Cases

FNIM peoples are vastly overrepresented within the Canadian CLS, a reality that reflects the enduring legacies of colonialism and systemic racism. Structural inequalities produced through centuries of dislocation, child apprehension, and institutional discrimination have created the very conditions criminalized by the government (Chartrand, 2019; Cunneen & Tauri, 2016; Joseph, 2018; McCausland & Baldry, 2023). Despite only representing 5% of Canada's population in 2021, FNIM peoples represented approximately 30% of all custody admissions in 2022/2023 (Statistics Canada, 2021, 2025). This disparity is even more pronounced in Manitoba, where FNIM peoples comprise 18% of the population yet represent 77% of all custodial admissions (Statistics Canada, 2021, 2025). These figures underestimate rates of incarceration due to fear surrounding institutional racism and discrimination (Muir et al., 2024), as well as the impacts of adoption (for an example, see Claeys et al., 2026). Moreover, Statistics Canada reports custodial admissions for the reporting year, for example, in Ontario FNIM peoples made up 2.9% of the population and 18% of custodial admissions but these rates are up to four times higher when considering FNIM peoples ever being incarcerated (Muir et al., 2024).

To address the rates of over-incarceration for FNIM peoples, section 718.2(e) of the Criminal Code established the obligation for judges to consider unique background and systemic

factors during sentencing. Gladue principles were introduced with the intention that judges would have to consider the unique circumstances of FNIM peoples during sentencing, including the background and systemic factors that have contributed to their involvement with the CLS (*R v. Gladue*, 1999). Importantly, this includes considering alternatives to incarceration wherever possible. In the case of *R. v. Ipeelee* (2012), the Supreme Court of Canada clarified that this obligation applies to all cases regardless of the severity.

Despite these rulings, the rates of incarceration have only continued to increase (Office of the Correctional Investigator, 2022). This may be attributed to the misapplication and missed application of Gladue principles (McCleery, 2021). For example, Almond et al. (2021) examined 214 Canadian judicial decisions involving Dangerous Offender and Long-Term Offenders and found that FNIM identity was meaningfully considered by judges in only 64.3% of cases. In the remaining instances, FNIM identity was mentioned superficially or not at all despite the legal obligation set forth in *R. v. Gladue* to do so. When FNIM peoples are convicted of violent offences, perceptions of risk outweigh consideration of colonial context, leading to harsher sentences and undermining the intent of Gladue to promote proportional and non-custodial sentences focused on restorative instead of punitive outcomes.

The Role of Forensic Reports

Forensic reports are clinical-legal documents prepared to assist legal decision makers. These reports answer specific psycholegal referral questions across a range of contexts, including sentencing, parole, and disposition planning under provincial review boards (Gutierrez et al., 2016; Ramshaw et al., 2021c). Broadly, forensic reports aim to synthesize psychological assessment, interviews with the individual or close contacts (e.g., family, friends, romantic partners), and review of collateral material such as medical files and police records (Ramshaw et

al., 2021c). The resulting forensic reports should provide the relevant background information, diagnostic impressions, VRA, and recommendations for treatment.

In Canada, forensic reports are completed following verdicts of Not Criminally Responsible on Account of Mental Disorder (NCR) or Unfit to Stand Trial (UST). An NCR finding indicates that at the time of the criminal offence, the individual was unable to understand right from wrong due to a mental disorder (Ramshaw et al., 2021d). While a verdict of UST means the court determined that the individual is unable to understand the legal proceedings or communicate with counsel (Ramshaw et al., 2021b). Following either verdict, forensic reports are submitted to the Criminal Code Review Board to guide the individual's legal outcome. Often referred to as a disposition, these outcomes fall into three broad categories: absolute discharge (i.e., released without any conditions to follow); conditional discharge (i.e., living in community with specific conditions); or custody (i.e., living in a psychiatric hospital). These decisions are guided heavily by the evaluators' use of supported VRA tools to assess risk.

Approaches to Violence Risk Assessment

Within forensic reports, VRAs are a core component used to guide decisions around supervision, treatment, and safety (Ramshaw et al., 2021a) through evaluating the presence of risk factors, including historical (e.g., experiences of abuse), personal (e.g., substance use), and environmental (e.g., living with individuals involved in criminal activities) variables that are associated with an increased risk for violence (Andrews & Bonta, 2010; Douglas et al., 2013; Roesch & Cook, 2017). The process is dependent on which of the two main types of risk assessments are used: actuarial or structured professional judgement.

Actuarial tools minimize the clinician's role to gathering information on the presence of risk factors and inputting it into a numerical formula using fixed scoring to generate estimates for

the probability of violence or recidivism (Roesch & Cook, 2017). Indigenous professionals (e.g., lawyers, leaders in community organizations) trained in completing the measures have shared that they themselves would score as posing a moderate to high risk of violence due to the presence of static (i.e., unchangeable) risk factors in their lives (Manitoba Cultural Safety team meeting, personal communication, 2024). Static risk factors, such as traumatic experiences in childhood, are present at higher rates for Indigenous peoples due to the ongoing impacts of settler colonialism (Barmaki, 2023; Muir et al., 2023, 2024). Since actuarial tools calculate risk based purely on numbers, the bias is built into these tools (Hart, 2016).

In contrast, structured professional judgement tools are designed to move beyond strict formula to risk formulation through the use of evidence-based frameworks intended to guide clinical discretion (Douglas et al., 2013; Roesch & Cook, 2017). Risk formulation is the process of synthesizing information gathered from the assessment process to create a narrative description that contextualizes risk, such as the factors that increase likelihood of recidivism, and informs treatment planning (Ramshaw et al., 2021a). However, clinicians may not always possess the cultural competence or knowledge necessary to use the tool in a culturally responsive way and there is potential for clinician bias (Hart, 2016).

Risk Factors and Colonial Context

The concepts, language, and terminology used within forensic and correctional settings directly conflict with FNIM beliefs, language, and culture. English-speaking settler colonial terminology, such as “treatment,” can imply that the problem is rooted in individual pathology; however, Indigenous scholars have emphasized that it is not Indigenous peoples who are inherently sick, but rather colonialism itself is the sickness (Episkew, 2009; Muir et al., 2023, 2024; Shepherd & Willis-Esqueda, 2018). From this perspective, many risk factors may be

understood as manifestations of historical and intergenerational trauma rather than indicators of violent propensity, raising concerns that risk-based frameworks criminalize colonial harms (Shepherd & Willis-Esqueda, 2018). This highlights not only the need to critically evaluate “the use of concepts of the discourse of abnormal psychology in risk-assessment tools (e.g., antisocial personality)” (Barmaki, 2023, pp. 85–86), but also the role of forensic practice in perpetuating the harms and systemic inequalities caused by colonialism.

Despite the central role of forensic mental health services in legal decision making, Indigenous peoples remain underrepresented within these systems relative to their levels of criminal legal system involvement (Brown et al., 2026; Hardman et al., 2024; McEntyre et al., 2024; Nicholls et al., 2023). While FNIM peoples make up approximately 25% of Canada’s correctional population, they comprise only 3.9% of those found NCR across British Columbia, Ontario, and Quebec (Nicholls et al., 2023). Although these proportions are higher in Manitoba, where FNIM peoples represent 34–47% of those found NCR, they remain underrepresented relative to the rates of incarceration (Brown et al., 2025; Claeys et al., 2026; Hardman et al., 2024). In Manitoba, these disparities may be partially explained by expert recommendations for NCR verdicts, as experts were 57% less likely to recommend FNIM individuals as NCR eligible compared to White individuals, even when controlling for age, offence severity, substance use at the time of the offence, and primary diagnosis (Brown et al., 2026). Crucially, the relationship between ethnicity and expert recommendation was mediated by the accumulation of social determinants of criminalization (educational attainment, substance use diagnosis, early involvement in the CLS; Brown et al., 2026). These patterns highlight the importance of forensic assessments and reports explicitly engaging with the colonial and structural factors shaping FNIM peoples’ involvement in the CLS, rather than absorbing these factors into individualized

risk framings that constrain access to culturally informed evaluations and equitable mental health diversion.

Importantly, inequities in forensic mental health services do not end once Indigenous individuals enter these systems; disparities continue in assessment and reporting practices. A recent two-part project reviewed forensic mental health reports submitted to the Manitoba Criminal Code Review Board following verdict of NCR or UST, quantitatively compared ratings between 46 FNIM and 51 non-FNIM adults on the Historical-Clinical-Risk Management-20 (HCR-20^{V3}; Douglas et al., 2013), a common risk assessment tool, and provided a descriptive analysis of the presence of colonial context in 45 reports for FNIM adults (Claeys et al., 2026). FNIM adults were rated higher than non-FNIM adults on several risk factors associated with the impact of colonialism (i.e., history of problems with employment, substance use, traumatic experiences) and were also more likely to be reported as having a higher risk for future violence than non-FNIM adults (Claeys et al., 2026). Among the 45 written forensic reports reviewed, Claeys et al. (2026) also found that a majority (73%) of the colonial factors frequently mentioned in reports directly overlapped with the violence risk factors rated higher for FNIM adults (e.g., employment and education). Taken together with findings from other projects (Barmaki, 2023; Klyne, 2024; Muir et al., 2023; Shepherd & Willis-Esqueda, 2018), these results do not indicate a greater inherent propensity for violence among FNIM peoples. Rather, they demonstrate how structural and intergenerational impacts of colonial legacies may shape social and historical conditions, often operationalized as risk factors within VRA tools. As these structural conditions are disproportionately produced by colonial policies and enduring inequities, FNIM peoples are more likely to accrue elevated scores on risk assessments, which may lead to professionals perceiving FNIM peoples as higher risk for future violence.

Research further suggests that Indigenous identity and colonial context are often referenced superficially in forensic reports, with limited integration into case conceptualization, risk formulation, or recommendations (Claeys et al., 2026; see also Monjazebe, 2025; Muir et al., 2023). In the majority of reports reviewed in Manitoba, experts did not meaningfully integrate FNIM identity or background into their overall formulation or recommendations, with 91% of reports lacking substantive discussion of colonial factors beyond brief mention (Claeys et al., 2026). Moreover, in the VRA section of the reports, experts often did not explicitly describe the steps taken in risk formulation, which may create the impression that the HCR-20^{V3} is being applied in a more actuarial manner, even if this does not reflect the underlying assessment process (Claeys et al., 2026). Given that forensic reports are read by legal decision-makers who determine dispositions and access to services, how risk formulation is communicated is ultimately what matters most.

Summary of the Issue

Forensic reports are central to legal decision-making, yet existing models are rooted in Western education, training, and worldviews that risk perpetuating colonial harms and cycles of over-incarceration for Indigenous peoples. Although many forensic reports superficially reference FNIM identity and omit meaningful discussion of colonial factors (Claeys et al., 2026), when forensic evaluators document the presence of colonial factors they are frequently discussed as risk factors. Framing colonial factors as risk factors without discussing the historical and present-day colonial context underlying the risk factors contributes to higher perceived risk for Indigenous peoples involved in the CLS (Barmaki, 2023; Monjazebe, 2025; Muir et al., 2023).

Currently, limited research or guidance exists for forensic practitioners on how to consider and discuss colonialism in forensic reports for Indigenous peoples (Almond et al., 2021;

Monjazebe, 2025). Integrating colonial context into reports could assist legal decision-makers in understanding how these factors shape perceived risk and underscore the need for alternative approaches for Indigenous peoples involved with the CLS. These changes would enable forensic practitioners to better address systemic inequities and the underlying and ongoing harms, ultimately leading to more equitable and culturally responsive correctional and forensic services.

The Present Project

To better understand how forensic practitioners can safely discuss colonial factors in forensic reports, I invited FNIM professionals working in legal, forensic, or community-based settings to speak with me and integrate Indigenous knowledge and worldviews into this process. FNIM professionals working in these settings are uniquely positioned to share insights shaped by both personal and professional experiences with systemic inequalities, providing diverse, information-rich perspectives that were critical for creating meaningful, culturally informed guidelines for forensic reports.

Using an Indigenous relational qualitative design (Kovach, 2021; Wilson, 2008), the project was guided by three exploratory questions:

1. What are FNIM professionals' perspectives on how colonial contextual factors are discussed in expert assessment reports for FNIM individuals?
2. What recommendations do FNIM professionals have for how forensic experts should
 - a. integrate colonial context into their reports, and
 - b. ask questions about colonial factors in a culturally appropriate way?
3. What recommendations do FNIM professionals have for practical changes that experts can make when meeting with FNIM peoples to better support FNIM wellness?

Chapter 2: Methods

Project Design

The project adopted an Indigenous relational qualitative design grounded in decolonial approaches to examine the perspectives of FNIM professionals (i.e., relatives)¹⁰ on current forensic report writing practices. However, only First Nations and Métis professionals took part. Conversations¹¹ with relatives were interpreted qualitatively using reflexive thematic analysis (RTA; Braun & Clarke, 2006, 2019), which is compatible with both interpretive and decolonial frameworks, as it emphasizes reflexivity, researcher positionality (i.e., self-location; Morton Ninomiya et al., 2022), and meaning-making in context (Kovach, 2021). This design aimed to uphold principles of respect, relational accountability, and reciprocity, while generating practical and community-informed insights that can guide forensic assessment practices and promote FNIM wellness (Kovach, 2021; Mashford-Pringle et al., 2023; Morton Ninomiya et al., 2022; Wilson, 2008).

The project protocol was guided by community partners and done in alignment with Chapter 9 (Research Involving the FNIM Peoples of Canada) of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health

¹⁰ The term *relatives* was chosen in place of participants based on guidance from the North Hawk Elder Council to honour the principles of working alongside and with Indigenous community partners instead of positioning them as subjects of research.

¹¹ The term “interview” implies a typically one-sided conversation, wherein one person (the expert or professional) leads the discussion and extracts information from the other person. This type of extractive research has perpetuated harms and distrust between Indigenous communities and research (Kovach, 2021; Wilson, 2008). In contrast, according to Kovach (2021) within Indigenous methodology “...collecting data is the gifting of another’s story to a researcher: data are more than *things*; they are living connections animated through the exchange of story” (p. 156). Thus, the term conversation is used in place of interview to reflect the relational and reciprocal nature of these dialogues and to emphasize the co-construction of knowledge.

Research et al., 2022). Ethics approval was obtained from the University of Manitoba Research Ethics Board prior to initiating any recruitment or data collection.

Positionality and Community Consultation

I am Red River Métis and German on my father's side, and Ukrainian on my mother's side. I was born and raised in Ste. Rose du Lac, MB and have been living in Winnipeg, MB for 10 years. I graduated from the University of Manitoba in Spring 2024 with a Bachelor of Arts, Honours (Psychology) and I am currently in my second year of the Clinical Psychology program at the University of Manitoba. Despite growing up on the homelands of the Red River Métis, I have only started to reconnect with language and culture in the past few years. I have come to recognize both the privileges and responsibilities that come with my position. My identity as a Métis woman places me in the unique position of being both outside and inside of Indigenous spaces (Kovach, 2021). This requires ongoing reflexivity about how I engage with communities, how I interpret knowledge, and how I represent the voices of others in my work.

There are many experiences that have shaped who I am today, but none more relevant to this work than those from the past two years. Over this time, I have had the honour of building relationships with Indigenous community partners and learning from Indigenous peoples locally and internationally through an ongoing project focused on cultural safety in the CLS for Indigenous peoples. As part of this project, I attended a week-long Indigenous knowledge exchange in Auckland New Zealand. This experience had a profound impact on who I am today and how I come to this work. It was during this trip that I began to build stronger relationships and connections to culture that continue to shape my identity and voice as a Métis woman, researcher, and future clinician. Māori cultural practices taught me the importance of human-to-human connection and the healing power of inclusive practices – Indigenous ways of knowing

and being have the power to help heal people from all backgrounds. Experiencing my first sweat lodge helped me to heal and connect to parts of myself I had lost. I began to see how ceremony could help bring balance to the four parts: mental, spiritual, emotional, and physical (Lane et al., 2020).

I started as the research coordinator for the Manitoba branch of the cultural safety project prior to New Zealand. The Manitoba project has started to explore how to establish culturally safe forensic mental health services for FNIM peoples in Manitoba, through interviewing various stakeholders to help inform future research and practice (Nijdam-Jones et al., 2026a, 2026b, 2026c). As a result of this project, I have grown in my understanding of research as a relational process and how doing research in a good way requires respect, reciprocity, and openness to guidance from community partners (Kovach, 2021; Mashford-Pringle et al., 2023; Morton Ninomiya et al., 2022; Wilson, 2008). I have learnt the importance of respecting, centring and integrating Indigenous ways of knowing and being into research. This includes recognizing that Indigenous people hold the knowledge for the path towards healing and meaningful change (Braley et al., 2026). Nobody knows better what Indigenous people need than Indigenous people. As stated by Kovach (2021), “Indigenous research works best when the community asks for the research.” (p. 109).

The present project is based on prior discussions with community partners from the cultural safety project, who have consistently voiced concerns about the harm of risk assessment tools. However, creating, norming, and training new risk assessment tools will take time (Barmaki, 2023). Both the literature (Barmaki, 2023) and community partners have highlighted the need for more applicable research that can be readily implemented in practice. Through working on a file-review of adults found NCR and UST in Manitoba I became more familiar

with the role of risk assessments in forensic reports. After hearing the concerns of community partners on the cultural safety project, I decided to conduct a comparative study of FNIM and non-FNIM HCR-20 violence risk ratings (Claeys et al., 2026). Further discussions and reading reports led me to explore the presence of colonial factors in these reports and how these factors were being discussed (Claeys et al., 2026). The findings of these projects highlighted a clear gap in the literature—the need for guidance on the meaningful integration of colonial contextual factors in forensic reports—that can be addressed through applied research.

Indigenous led research requires more than researching Indigenous people. It requires Indigenous people doing research with and for Indigenous people using methodology that honours and respects Indigenous ways of knowing and being (Kovach, 2021). This research is not Indigenous because I am. It is Indigenous led because I listened to the needs of the community and will continue to follow their guidance throughout this project. I will remain committed to ensuring that this project is guided by Indigenous knowledge and relational accountability. This will include ongoing consultation, self-reflexivity, and transparency. My goal is to contribute to research and subsequent practice in a way that honours the knowledge and guidance of all Indigenous peoples working alongside me in this project, supporting culturally safe practice, and moving toward meaningful change for Indigenous peoples in the CLS.

Ensuring research is culturally safe, relevant, and useful for FNIM communities is a key aspect of conducting research in a good way (Kovach, 2021; Morton Ninomiya et al., 2022; Wilson, 2008). This project has been developed with the guidance of the North Hawk Elder Council, an international group of First Nations, Métis, Inuit, and Māori professionals with lived and/or professional experience in the CLS and forensic mental health services. The North Hawk Elder Council has guided decisions around the project's design, implementation, and analysis to

support alignment with Indigenous methodologies and culturally safe research approaches (Mashford-Pringle et al., 2023; Morton Ninomiya et al., 2022). To respect the value of the Council member's time and knowledge, those who take part in consultation meetings are offered \$50 honoraria.

Relatives

Recruitment began in March 2026 through purposive sampling using relational and community-based approaches (Kovach, 2021), including word-of-mouth and pre-existing professional relationships developed through previous projects, training, and professional events. To be eligible to take part in this project, FNIM professionals had to (1) self-identify as FNIM, (2) have experience working with FNIM peoples involved in the CLS within Manitoba in the past five years, and (3) provide informed consent for the conversation to be audio-recorded.

An initial meeting was scheduled with First Nations and Métis professionals who expressed interest, prior to which they received a copy of the consent form (see Appendix A). During the meeting, I answered any questions they had, obtained their oral consent to take part in the project as a relative, and scheduled the research conversation. These meetings were held through Zoom between April and June 2026 and lasted approximately 30 to 60 minutes each. Based on guidance from the North Hawk Elder Council, relatives were asked how much time they would like to review and reflect on the mock reports.¹² On average, relatives received mock reports 20 days prior to the research conversation, with a range of eight to 49 days.¹³

Eight relatives completed research conversations. All relatives received a \$50 honorarium to recognize the value of the time and knowledge they shared. Relatives were given the option of

¹² Please see the Data Collection section for more information on the mock reports.

¹³ Range of days varied due to relatives' availability, including rescheduled conversations.

“letting their name stand” (Kovach, 2021, p. 154), using a pseudonym or spirit name, or remaining unnamed (e.g., “One relative”). Overall, five relatives chose to let their name stand, two chose to use their spirit name, and one chose to use an alternative name presented alongside their quotes.¹⁴

Relatives were 47 years old on average ($SD = 7.07$). They identified as First Nations ($n = 6$), Métis ($n = 1$), and both First Nations and Métis ($n = 1$), and described their gender identity as women ($n = 4$), men ($n = 3$), or non-binary ($n = 1$). Relatives described diverse professional experiences working alongside FNIM peoples involved in the CLS and reported having between six to 28 years of experience ($M = 18.88$, $SD = 6.85$). Their current and previous roles across legal, forensic, and community-based settings included work in corrections, probation, criminal legal services, forensic mental health services, and non-profit organizations. Most relatives ($n = 6$) described being very or fairly familiar with forensic or correctional reports. Five relatives reported direct report writing experience: one had experience authoring forensic mental health reports, while four had experience authoring Gladue and/or presentence reports. Almost all relatives reported professional experience with risk assessment, including through training, reviewing or contributing to reports containing risk assessments, or using risk assessment information in professional decision-making ($n = 7$). Four relatives reported having experience administering actuarial risk assessment tools (e.g., Level of Service/Case Management Inventory). Relatives also described personal experiences that informed their perspectives and professional work.

¹⁴ Six relatives initially had chosen to let their name stand. To support ongoing transparency and consent, these relatives were sent a copy of the Findings chapter to review their quotes in context and approve the use of their name alongside them. All six relatives responded and approved the use of their quotes. Five relatives confirmed the use of their names, while one chose to continue using their spirit name.

Data Collection Procedures

Research conversations were completed between May and July 2026, with six out of eight conversations held in-person. Three conversations were scheduled to take place in a private room at the University of Manitoba Psychological Services Centre. While two were fully completed in this location, the third was interrupted by a fire alarm just over 15 minutes into the conversation. Based on the relative's preference, the remainder of the conversation was held in a quiet outdoor space next to the original location. The other three in-person conversations were held at relatives' workplaces, with one located roughly 350 kilometres outside of Winnipeg. To accommodate changes in relatives' schedules, two conversations were held through Zoom. Conversations were held for 90 to 240 minutes, with an average time of 150 minutes.

Materials

Mock Forensic Reports. Relatives received general instructions (see Appendix B) and two mock reports, one depicting an individual found NCR and another for an individual found UST. Each mock report was accompanied by a one-page reader guide tailored to the relevant legal finding (i.e., NCR and UST; see Appendices C and D respectively for the guides).¹⁵ The guide explained the legal finding, summarized the Review Board process and the role of the forensic report, described what may happen over time, and outlined practical constraints surrounding the assessment and reporting process. The mock reports were created to resemble the template and general format of forensic reports written for the Manitoba Criminal Code Review Board. To ensure alignment with current practices, mock reports were developed with assistance from a clinical psychologist in Manitoba who has experience writing forensic reports.

¹⁵ Based on guidance from the North Hawk Elder Council, the mock reports are only available upon request. This decision was made in alignment with CARE principles for Indigenous Data Governance (Carroll et al., 2020) to reduce risk of the mock reports being used in ways that do not reflect the values of this project.

In addition, elements of de-identified quotes were integrated from a previous project that examined how colonial factors were documented and discussed in Criminal Code Review Board reports (Claeys et al., 2026). To provide a cohesive narrative, selected quotes from Claeys et al. (2026) were added in the sections where they likely appeared in the original reports, and specific details were paraphrased, altered, and adapted to further minimize any risk of identification and create consistency about the hypothetical evaluatee¹⁶ described in each mock report. Each mock report included a full risk assessment section to reflect how risk is often reported and concluded with a summary and treatment recommendations section.

Conversation Guide. A conversation guide with open-ended questions was developed in consultation with the North Hawk Elder Council to ensure consistency across conversations, while maintaining flexibility to allow relatives to shape the direction of the conversation (See Appendix E for the full guide). Relatives were asked demographic questions (e.g., age, FNIM background) and questions about professional experiences, including familiarity with forensic reports, to provide context to the perspectives they shared. To allow relatives to share their initial impressions and reflections on the mock reports, I started the next part of the conversation by asking open-ended questions (e.g., “What came to mind when you read the mock reports?”), including exploratory follow-up questions. To respect the direction and pace relatives were comfortable with and the natural flow of the conversation, I did not ask questions sequentially (Kovach, 2021). Instead, a list of key questions on how colonial factors should be discussed, as well as practical changes for safer assessments, were reviewed at the end of the conversation to ensure no topics were missed.

¹⁶ An Elder was consulted and shared culturally specific names for each hypothetical evaluatee.

The conversation procedures were informed by the culturally safer and trauma-informed forensic research described by Nijdam-Jones et al. (2026a), which emphasizes the importance of relationship building before difficult questions, providing choice and empowering relatives to decide setting and pace of conversation, and ongoing support from the researcher. Relatives selected the location of conversations based on their preference. To begin in a good way and honour the importance of relationships, I started all meetings with social conversation and for in-person meetings I also shared a small gift of homemade jams and provided food and beverages (see also Kovach, 2021). Time was reserved for check-in and debriefing at the end of each conversation.

Recording and Data Transformation

All conversations were audio recorded using Zoom and transcripts were automatically generated and then copied into a word document stored in the University of Manitoba OneDrive. I manually reviewed transcripts for accuracy and de-identified them prior to analysis. Relatives who consented to receive an emailed copy of their de-identified transcript for review had one month to provide feedback via email. Since member transcript review was available, a denaturalized transcription approach was used, meaning transcripts were lightly edited to improve readability while preserving meaning. Minor verbal fillers (e.g., “um,” “like”) were removed when they do not contribute to content or tone (Oliver et al., 2005).

Data Analysis

Data was analyzed using RTA, as described by Braun and Clarke (2006, 2021), as this supports flexible, in-depth interpretation of relatives’ perspectives and values researcher subjectivity as a resource rather than a bias. The six-phase RTA process guided analysis (1)

familiarization with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the final report.

I began familiarizing myself with the data when reviewing the transcripts for accuracy while listening to the audio recording and writing any thoughts and ideas I had (i.e., memoing). I conducted a preliminary analysis for a conference presentation, based on impressions from re-reading the first four conversation transcripts. I later conducted the primary analysis using NVivo for coding and creating themes. Coding began inductively and proceeded iteratively, allowing analytic categories to emerge from relatives' responses. To capture explicit meanings, a primarily semantic approach was used in the early stages of theme development, followed by more interpretive analysis in the later phases (Braun & Clarke, 2019). To support analytic depth, reflexive and collaborative practices were incorporated, including consultations with my academic supervisor (Braun & Clarke, 2019, 2020). Themes were developed based on patterns seen across transcripts and excerpts were selected to represent these patterns.

Prior to publication, a summary of these themes will be shared with seven of the relatives who consented to provide feedback either through email or through an additional in-person or virtual meeting. The goal is to ensure that relatives' voices are not only heard but centered and honored in ways that reflect the spirit and intent of what was shared (Birt et al., 2016; Kovach, 2021). To help ensure that theme development is culturally grounded and not interpreted through a colonial lens, I reviewed emerging themes with the North Hawk Elder Council (Morton Ninomiya et al., 2022).

To ensure the project is rigorous, sincere, and credible, I followed practice guidelines for high-quality qualitative research (Tracy, 2010). I documented and examined how my background shaped interpretation, by engaging in ongoing reflection, including maintaining a reflexive

journal throughout the research process including thoughts, assumptions, emotional responses, and analytic decisions throughout the project (Braun & Clarke, 2024; Tracy, 2010). I also kept field notes after each conversation to capture reflections on the conversation context, engagement with relatives, and any strong emotional reactions or initial impressions (Hinton & Ryan, 2020).

Advocacy and Knowledge Mobilization Plan

This project is designed with the responsibility of ensuring that its findings extend beyond academic audiences to benefit those most impacted by forensic reporting. The North Hawk Elder Council will be consulted regarding all forms of knowledge dissemination to help guide this process and ensure results are shared in culturally meaningful ways. In addition, all relatives who provide feedback will be asked the following question: What are some ways you would like to see these interpretations shared, and who should these interpretations be shared with?

To reach a larger academic audience, I presented the preliminary findings at the 2026 International Association of Forensic Mental Health Services Conference. I have also been accepted for an oral presentation at the 2026 National Gathering of Indigenous Graduate Students in November. Findings may also be shared with Indigenous communities and professionals working within the CLS through formats such as community reports, audio summaries, infographics, conversations, and presentations in accessible and culturally relevant settings. These approaches are intended to foster dialogue across communities, professionals, and policymakers, ensuring that the knowledge generated is not only preserved in academic writing but also translated into practice, and discussions that can contribute to meaningful change for Indigenous peoples in the CLS.

Chapter 3: Findings

Through qualitative analysis of conversation transcripts, I developed five main themes and related subthemes: (1) *The person at the centre*; (2) *When system constraints limit understanding*; (3) *One-eyed seeing: when a Western lens becomes the whole picture*; (4) *“Where is the healing?”*; and (5) *Two-Eyed Seeing: bringing the person back into the process* (see Figure 1).

Theme 1. The Person at the Centre

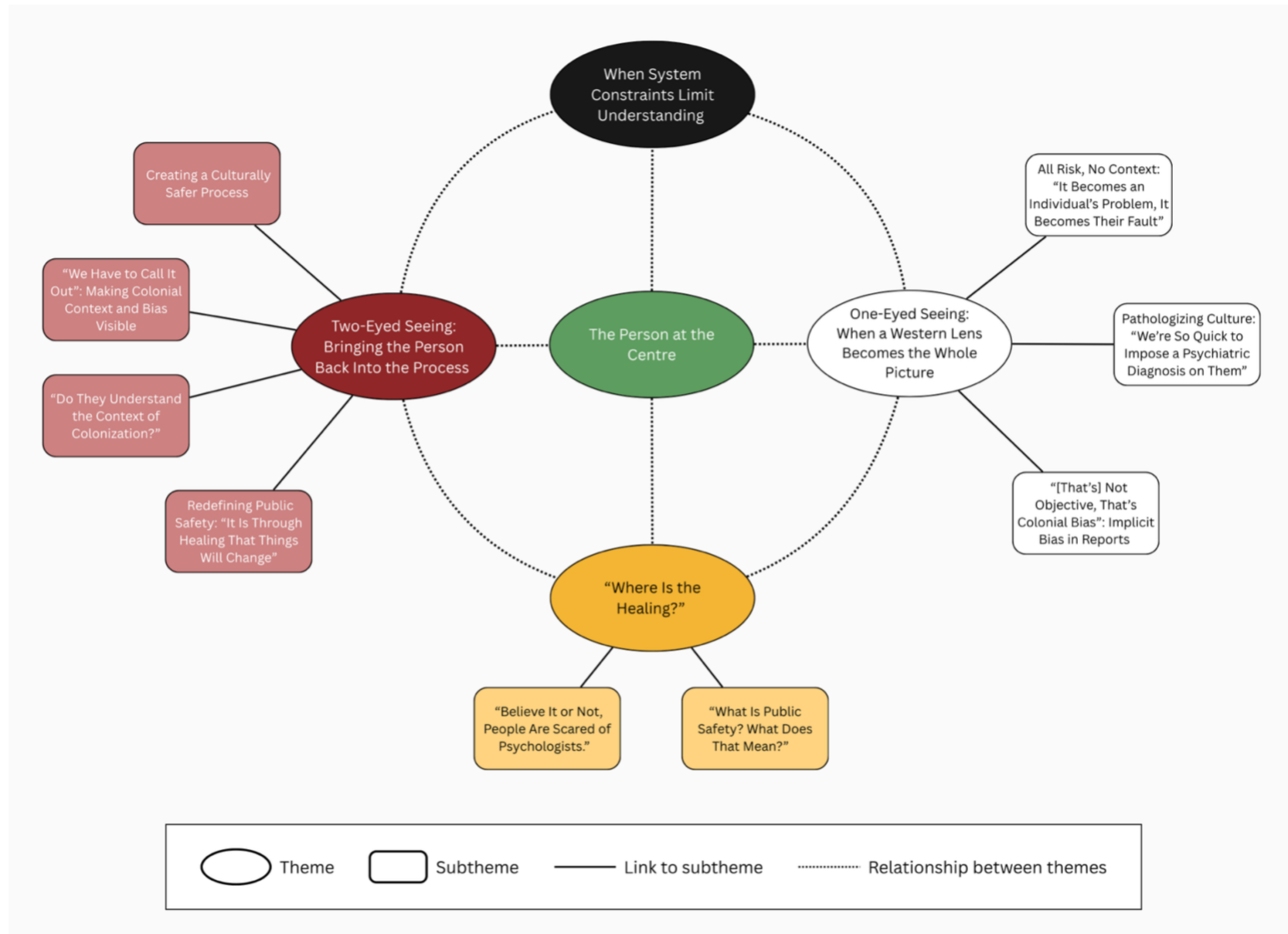
The first and central theme emphasizes the need to understand the person, their context—story and history—in order to support healing, wellness, relational safety, and to stop perpetuating colonial harms. The importance of centring the report on the individual being evaluated was central to all of the conversations with my relatives. Although they were mock reports, relatives frequently shared that they were reminded of real reports they had read, individuals and communities they knew, as well as their own personal and professional experiences. Stacey Soldier noted that “This has happened, I’ve seen this happen,” while Cloud Woman acknowledged that it may be an example, “but it’s real.” Elder Mike Pierre also shared that the stories described in the mock reports “came across as kind of sadly familiar or typical.” Similarly, when reflecting on the reports, Chantell Barker (Keewatin Notin Iskwew) described how the mock reports:

“...brought back memories of, ‘Okay, here's another report - just a different name now.’

Because all of this, when you look at colonization and its impacts, and because of all the work I've done, the stories are very similar. Then you just have a different face now and a different name. But you're still going back to issues of trauma, intergenerational impact, residential schools, the CFS system, poverty, and all those things.”

Figure 1

Thematic Framework: First Nations and Métis Professionals' Perspectives on Colonial Context in Forensic Assessment and Reports



Relatives' familiarity with the mock reports' stories allowed them to recognize the real people and recurring systemic experiences reflected within them. However, this did not necessarily mean that the reports themselves allowed the reader to understand the individual person. Cloud Woman captured this concern when she stated, "we say we're patient-centered, but I don't know that I see a lot of that actually evidenced, especially in reports."

Relatives highlighted that you "need to tell the story of the individual" (Oz), which requires spending more time "collecting information about who they are right now, but also where they came from, and what their future aspirations are" (Elder Mike Pierre). Elder Mike Pierre further reflected on how these types of reports are currently written:

"They're not looking at the full person. They're not thinking of the four parts of the person [spiritual, emotional, mental, and physical], and they're certainly not considering all aspects of what it is to be an Indigenous person, whether that's Métis, Inuit, or First Nation [...] it all comes down to just getting to know who this person is that's being interviewed."

Centring the person is not only about adding more personal information. When considering the organization of the mock reports, Melissa Brown (Siigasiige) noted that "if you look at the introduction, the preamble and the assessment procedure, that is important information, but let's focus on the individual first and foremost."¹⁷ Relatives also emphasized the importance of recognizing, honouring, and respecting the person's identity. This included acknowledging the person's spirit name and clan if they had one, as well as their community and,

¹⁷ Melissa Brown (Siigasiige) was referring to the first three sections of the mock reports: The Introduction briefly described the legal context and circumstances surrounding the assessment; the Preamble identified the forensic team members involved and their respective roles; and the Assessment Procedure described the sources of information used, the general assessment process, and limits of confidentiality. These sections are part of the standard template used in Manitoba forensic reports.

where possible, “referring to them as their traditional name” (Melissa Brown, Siigasiige) and “writing it in [their] language” (Anung). Using a distinctions-based lens could also help to ensure “people who receive these reports” can “understand those distinctions and to not homogenize people” (Anung). Siigasiige reiterated, “So again, within this circle, [the person is] at the centre. It's just, let's start with [the person].”

While my relatives shared the importance of centring the person in forensic reports, the following four themes illustrate the barriers to creating a fuller picture of the person, as well as the different ways the reports and broader assessment process decentred the person, and how relatives’ recommended centring the person, their story, their voice, their strengths, and their healing.

Theme 2. When System Constraints Limit Understanding

Relatives recognized the practical constraints surrounding forensic assessment, but questioned whether compressed timelines, limited resources, and overburdened professionals allowed enough information to be gathered, verified, and meaningfully integrated to produce a complete and individualized report. The one-page reader guides preceding the NCR and UST mock reports described several practical constraints surrounding report preparation, including compressed timelines, related challenges accessing collateral information, logistical barriers to arranging interviews, and limited time for formal psychological testing (see Appendices C and D respectively). Elder Mike Pierre described the process as “half-assed” and “rushed,” observing that professionals may have had only a week to complete a report when they should have had considerably longer. Oz similarly noted that one of the mock reports “was basically done in a week,” including locating appropriate collateral sources, “verifying information, [...] and writing the report itself.” These constraints became an important focus of discussion for many relatives

who felt there was not enough time “to look at the whole of the person” (Melissa Brown, Siigasiige).

Relatives questioned whether these time constraints contributed to incomplete understandings of the person. Elder Mike Pierre explained:

“So maybe there's incomplete pictures being painted because they don't have enough time to collect the information, or review what's there. [...] I think that's a deficit of the whole process, not necessarily a deficit of the person. They have no say over who gets the reports or when, right?”

Relatives also recognized that these limited timelines existed within broader resource and workload pressures. Oz reflected on what other pressures the professionals may be facing and how this might impact the way they approach forensic reports:

“I'm also cognizant too, are some of these teams are overworked? What kind of caseload do they have? What kind of stressors do they have? [...] And how many of these reports are due, and are sitting on top of each other? And then somebody saying, ‘This is due, this is due, and this is due,’ and then just becoming those robotic, faceless, non-emotional machines, cranking out these reports to feed the system. A cog in the wheel.”

Similarly, when speaking about the Gladue process, Melissa Brown (Siigasiige) reflected that “because of how many reports are being requested, there was no actual care, it was a lot of copy and paste.” Although Melissa Brown (Siigasiige) was speaking about Gladue reports, her reflection supported the broader concern about how workload pressures can contribute to templated reporting practices instead of person-centred approaches.

Across conversations, relatives responded not only to what was included in the reports, but also to what was missing or unclear. Reflecting on her professional experiences, Cloud Woman described how templated reporting practices can contribute to a lack of transparency:

“We [forensic professionals] often write this little preamble [the Assessment Procedure section] the same way in every single report. I am also guilty of this. I go in and edit the name. It's the same, but it doesn't actually look the same, and it doesn't look the same for each author. There's no way for the reader of this report to know that. So, I feel like we have this consistent way of writing the report, but we don't actually consistently deliver the services the same way.” (Cloud Woman)

Concerns surrounding transparency were also reflected in relatives' questions about the process behind the mock reports, including who conducted the interview and for how long. For example, when discussing the individual in the UST mock report, Oz questioned “Was he interviewed by all three [professionals writing the report], or was it just one, and then they shared information? I'm not sure. Doesn't clarify that.” Elder Mike Pierre similarly described the information provided about the process as “not necessarily transparent or fulsome.” These reflections highlight how the standardized description of assessment procedures could leave readers without a clear understanding of how the assessment was conducted.

Questions about transparency also extended to the other sources of information used in the mock reports. Relatives questioned “Where's the information coming from? Is it valuable? Is it valid? Is it true?” (Elder Mike Pierre). Other relatives highlighted that the information likely came from “sources that have inherent bias” (Anung). When reviewing the sources of information in the UST mock report, Melissa Brown (Siigasiige) described the use of collateral information from the Thompson General Hospital as “very biased already,” emphasizing that “It

is a very, very racist place.” Relatives expressed concern about the lack of transparency around how information drawn from file-based sources was verified, and how heavily reports relied on these sources while ultimately presenting the information as factual or objective:

“We already know you've met him from telehealth, and probably only once, so you're telling me that you've had one interview, and then you just got a whole bunch of professional reports, where everybody copy and pastes, so we don't actually know the original source of this information, and there's a ton of assuming going on. And now you're presenting this in a legal document to the court, and this is going to follow that person for the rest of their life, potentially.” (Cloud Woman)

Relatives were concerned about how much of the understanding presented in the report was grounded in direct contact with the person and how much relied on file-based information and professional assumptions.

For the UST report, transportation from the community was unavailable within the required timeframe, and the assessment was reported as being completed through telehealth. Relatives expressed concerns about the impact of virtual assessment on building rapport, the risk of cross-cultural misinterpretation over the screen, and whether telehealth allowed evaluators to develop a sufficiently complete understanding of the person before making recommendations with significant legal consequences.

When speaking about concerns with meeting virtually, relatives noted “you are a stranger on a screen” (Cloud Woman) and “You're not going to get a full picture. You're going to get a snapshot” (Chantell Barker, Keewatin Notin Iskwew). Relatives also questioned how biased that picture would be, with telehealth increasing the “opportunity to misinterpret people’s body language or responses” (Anung). These concerns were especially significant because the reports

are intended to inform important legal decisions. Elder Mike Pierre noted that “It just seems like it's, ‘I'm going to cut and paste and fire it off, then leave it up to somebody else.’ So, is the Review Board getting a full picture? I don't know. It doesn't sound like it.”

Although relatives acknowledged the realities of forensic assessment, they questioned whether those realities sufficiently justified the limitations reflected in reports. Several relatives expressed frustration that logistical barriers were treated as reasons for completing assessments virtually rather than as problems the system should address. For example, Anung questioned, “Why are they not travelling to the community where this person is?” and “Why is it always the responsibility of the person to attend the appointment?” Similarly, Melissa Brown (Siigasiige) asked “Why could you not get on a plane and go to the community, if Joe could not come to you? Why? What was restricting you from going?” She further stated that it was “absolutely unacceptable, unacceptable” that they “did not have the decency to go and actually meet with this person in-person. I cannot stand it. It pisses me right off.” Oz also explained, “Why I said it kind of pissed me off—it actually angered me—is that it was just another report to them” (Oz). Collectively, these reflections suggest that the system may be accepting a more limited understanding of the person by placing the responsibility for overcoming logistical barriers on the person being assessed.

Oz argued that when timelines were insufficient, managers should advocate for report writers to receive more time. He emphasized, “It's policy. Policy can change. Policy can be responsive to the needs of report writers, to the people, to the communities, [because professionals] need to have sufficient time to be able to produce a quality report.” His reflection suggests that these constraints are changeable aspects of the system, rather than unavoidable reasons for producing reports based on limited information.

Across these reflections, relatives described how compressed timelines, workload pressures, limited direct contact with the person, and reliance on file-based information could shape both what was known about the person and how that information was interpreted and presented. When the sources, limitations, and assumptions underlying the report were not made clear, an incomplete understanding of the person could still be presented as factual or objective. For relatives, the concern therefore extended beyond whether the picture was complete to the quality of the understanding being formed, given the limited and potentially biased information available and the Western lens through which it was interpreted.

Theme 3. One-Eyed Seeing: When a Western Lens Becomes the Whole Picture

The third theme centred around relatives' concerns that the mock reports presented only one perspective, relying on a Western lens that emphasized individual risk while overlooking important personal, cultural, spiritual, systemic, and historical contexts. Relatives expressed understanding and respect for the role of Western approaches within the current systems but also concern about the impact of "missing a whole other part of the report" (Melissa Brown, Siigasiige). These concerns were reflected in three interrelated subthemes: *All risk, no context: "It becomes an individual's problem, it becomes their fault"*; *Pathologizing culture: "We're so quick to impose a psychiatric diagnosis on them"*; and *"[That's] not objective, that's colonial bias": implicit bias in reports*. These subthemes demonstrate what happens when a Western lens is applied in isolation (i.e., One-eyed seeing) and how this shaped what was seen, what was missed, and how information was interpreted and communicated.

All Risk, No Context: "It Becomes an Individual's Problem, It Becomes Their Fault"

The majority of the relatives described concern that the information presented in the mock reports was "really thin, in terms of the background" (Elder Mike Pierre), and thus

incomplete and disconnected from the individual and their story. Cloud Woman noted that significant experiences such as “expos[ure] to alcohol prenatally [...] suspected abuse, neglect, and substance use” were sometimes included “like a throwaway line.” Rather than explaining the meaning or relevance of these experiences, reports often listed them as isolated facts with important information missing, leaving the relatives asking, “but what were the impacts as it related to [the person]?” Relatives repeatedly shared that while reading the report they were left wondering, “Why was that?” and “What happened?” (Elder Mike Pierre).

Many relatives questioned why there was no explicit mention of intergenerational trauma and their impacts on the person, including important colonial factors such as residential institutions, yet “there was a lot of mention in terms of the neglect [and] alcohol abuse within the family” (Oz). Factors that were often discussed were directly overlapping with historical risk factors, which Stacey Soldier explained “are all symptoms or the result of colonization, the violence, relationships, and no employment, substance abuse, mental disorder, traumatic experiences. All of that is from colonization.” Based on how these factors were described throughout the mock reports, relatives felt these experiences could be interpreted as personal deficits or choices. Anung described this process as “weaponiz[ing] people's stories against them,” particularly “when a lot of things that they've experienced were beyond what they could have prevented or comprehended even at the time that they experienced it.” Melissa Brown (Siigasiige) similarly reflected:

“So again, we know there's the addictions to substance and alcohol, his mother was also involved with child and family, foster care. But again, there's no acknowledgement that this is also still a result of colonization. And I think that it's important that we recognize

that in these reports because it almost gives the sense that this was just his choice. This is just how he coped”

Similar concerns arose surrounding the inclusion of information about education, employment, community income, and access to resources. Some relatives valued the inclusion of community information because it could help readers understand where the person is from. However, relatives emphasized that this information needed to be connected meaningfully to both the individual and the broader conditions affecting the community. Based on their own professional experiences, Anung explained that community statistics were often included in other types of reports with “no actual follow-up” regarding what they had to do with the person:

“It's without context. And I find that often perpetuates this idea of communities being poor or disadvantaged without connecting that to how colonization cultivated that disadvantage. So, if it's less than \$22,000 a year, is that because that community experienced forced relocation and they can't get access to the things that they need? Or why is that the statistic? It's not just that people don't want to work, there's other context missing.”

Anung further cautioned that a reader “who doesn’t understand the history of the community” might respond to this like ““Okay, well, they're poor, just like every other person who comes across my desk,”” which is “basically reinforcing the disadvantage that people experience, rather than explaining where that is coming from.” Chantell Barker (Keewatin Notin Iskwew) also stated that this is “just pointing the finger and blaming the individual and not holding the government or colonization accountable.”

Oz similarly described how conditions created by governments and systems, including “limited resources in our communities,” are framed as “an individual’s problem, it becomes their

fault” when “That’s not our fault. That’s the fault of the systems.” Relatives’ reflections suggest this pattern extended beyond limited resources to other factors commonly included in forensic reports. Factors such as education, employment, and limited resources are often shaped by systemic inequities, especially for individuals living in rural and remote communities (Meikle & Comack, 2023). However, when reports describe these circumstances without explaining how the colonial and structural processes produced them, responsibility for structurally produced disadvantage is placed onto FNIM individuals and communities.

Pathologizing Culture: “We’re So Quick to Impose a Psychiatric Diagnosis on Them”

A strong area of concern for several relatives was the absence of cultural and spiritual context within the mock reports. Elder Mike Pierre noted that the reports are “just a one size fits all. They don’t make any mention about culture or [the] person’s religious or spiritual or cultural practices.” Melissa Brown (Siigasiige) similarly argued that “the assessment was not complete” because it only “looked at the Western part” of the person. Relatives questioned whether this reflected a lack of cultural awareness or understanding among assessors, or whether cultural and spiritual interpretations had not been considered as legitimate possibilities. For example, Melissa Brown (Siigasiige) stated that her biggest question was whether assessors considered asking, “Is this an actual cultural event [or] experience that has happened?” Several relatives shared that within a First Nations worldview, the spirit is “the foundation of who we are” (Chantell Barker, Keewatin Notin Iskwew).

When cultural and spiritual meanings were not considered, relatives described experiences such as visions, dreams, and communication with spirits as being interpreted as symptoms through a Western lens. Elder Mike Pierre explained that:

“When they're saying visions or calling them hallucinations [...] versus listening to the ancestors. There's nothing like that. They're just straight up [saying], ‘No, this is a hallucination. It's not real. There's no value in the cultural stuff or the spiritual. We're going to label that something negative.’”

In contrast to the Western interpretations presented in the mock reports, relatives drew on First Nations teachings and personal and professional experiences to consider whether these same experiences could reflect spiritual gifts that had not been recognized or supported. Reflecting on the UST report, Oz asked:

“There's also, in our culture: Where is he gifted? [...] Has that ever been explored? Did he go see a traditional person to learn the teachings around that? [...] Within our culture, we have people that are gifted in that sense [who] can see spirits and other beings. Yet they're labeled, ‘Oh, they're schizophrenic. They're psychotic. Let's give them meds to be able to [water] down what they're seeing.’ Why don't you just uplift that and teach them? So, I thought about that with Joe. Is he gifted?”

Relatives emphasized that without access to people who could help interpret these experiences, possible spiritual gifts could become sources of fear and distress. For example, Stacey Soldier stated, “You'd be so scared if you didn't have people helping you interpret what's happening and give you guidance.” Relatives shared that some people—especially in more Northern remote Manitoban communities—may not have access to this guidance due to what “we’ve lost through colonization” (Anung).

Relatives were concerned that imposing a clinical interpretation could prevent someone from understanding or exploring these experiences in culturally meaningful ways that may help alleviate the distress. Anung questioned how many people have had the “opportunity to learn

what their gift is taken away from them, because we're so quick to impose a psychiatric diagnosis on them.” Elder Mike Pierre similarly cautioned that “they put these labels on” and that “they stick, whether they’re accurate or not.” Clinical interpretation through only the Western lens risks pathologizing culture, which can perpetuate colonial harms and further disconnect individuals from the very teachings and guidance that would address the root cause.

“[That’s] Not Objective, That’s Colonial Bias”: Implicit Bias in Reports

Relatives also raised concerns about descriptions and conclusions that were presented as objective but were shaped by unstated assumptions about behaviour, communication, and beliefs. Although Anung explicitly described “an implicit bias in psychology and psychiatry,” other relatives illustrated how implicit bias could enter the reports through clinical language, unsupported interpretations, and the placement of information.

Several relatives reflected on specific descriptions of individuals in the mock reports such as quiet, providing short or single-word answers, long pauses before responding, or having difficulty providing information. Elder Mike Pierre illustrated how a long pause before responding could be understood differently depending on the perspective of the person interpreting it, noting that “a Westerner might say, ‘They’re formulating a lie’ versus the person who’s taking what they’re hearing, translating it in their brain, then translating a response from their language to English so that they can speak it.” The concern was not that language or processing time explained every response, but that the reports did not acknowledge these possibilities. Elder Mike Pierre further noted that although “they don’t say in the report, ‘We think they were lying’ or ‘They have processing delays,’ or ‘English isn’t their first language.’ they don’t mention those kinds of things, but they do raise questions.” The meaning attached to these observations can be shaped by what was not said.

Relatives also questioned more explicit clinical conclusions when the information supporting them was not visible in the report. In the NCR mock report, the individual was reported as being “unable to acknowledge or appreciate that his actions could be considered violent” and “had no insight into the possibility of future violence or that any interventions may be necessary.” Anung drew attention to the conclusion and emphasized:

“But there's no context to that. What information supports that assessment? We're supposed to just take it at face value that the clinician feels that they weren't able to acknowledge or appreciate it after one meeting. But where's the proof of that? [...] I would need to know what that person said to come to that conclusion, because it's a pretty big conclusion to not support with any background information.”

Statements were often documented alongside psychiatric descriptions without sufficient historical, cultural, or trauma-informed context, directing readers toward a psychiatric interpretation. For example, within the NCR mock report, under the Psychiatric/Mental Health section, it was stated that:

“Around the time of his arrest for the index charges, police information from officers’ notes revealed some details about Mr. Wagush’s mental state at this time. For example, he initially asked police if they were going to rape him and said they have child pornography. He also talked about being in the “60’s scoop” and was displaying “nonsensical” speech according to police.”

Melissa Brown (Siigasiige) noted that seeing this in a file “especially from someone who is First Nation” would signal that “he has definitely been impacted [by the Sixties Scoop] at some point.” Similarly, Anung noted that “I don't think that any of those statements are nonsensical or bizarre. I think that taken in historical context for Indigenous people, I can understand where that

fear comes from, or where that thought pattern comes from.” Cloud Woman acknowledged that the information could be relevant to understanding Mr. Wagush’s clinical presentation at the time, but questioned the inclusion of the police characterization without further context:

“To me, this reads as though he's saying that the Sixties Scoop is nonsensical [...] If this man was part of the Sixties scoop, that is his experience. And if he wasn't, but he thinks he was, that's his reality. So yes, it should be included, but I took issue with the context in which it's written.”

These highlight how “language choice is really, really important” and that “a lot of clinical language is really off-putting for people, and it imposes a bias” (Anung). Relatives challenged the presumed objectivity of clinical language, emphasizing that word choice, interpretation, and the placement of information could impose colonial and deficit-based meanings on behaviour and beliefs that had not been sufficiently contextualized.

Across these subthemes, relatives’ reflections showed how *One-eyed seeing* shaped the meaning of what appeared in the reports: colonial context was absent, while the impacts of colonization were presented as individual risk factors and problems; spiritual experiences were interpreted as symptoms; and assumptions were presented as objective findings. When a Western lens became the whole picture, the person was removed and replaced with risk.

Theme 4. “Where Is the Healing?”

Relatives frequently questioned whether healing had any meaningful place within the mock reports and broader assessment process. Melissa Brown (Siigasiige) asked, “Where is the healing?” while Chantell Barker (Keewatin Notin Iskwew) stated that the overall impression left by the reports is that “there's no healing.” The absence of healing was not only about what was missing from the reports, but also the purpose of the process and whether FNIM peoples felt safe

enough to participate in it. My relatives' reflections are connected through two subthemes: "*What is public safety? What does that mean?*" and "*Believe it or not, people are scared of psychologists.*" These subthemes explore what the process appeared to prioritize and how those priorities contributed to FNIM peoples' mistrust of mental health professionals.

"What Is Public Safety? What Does That Mean?"

Relatives questioned whether the reports were truly oriented toward treatment and safe reintegration, or whether their primary purpose was only to manage risk. Although the contextual information provided within the NCR mock report instructions described the process as "oriented toward treatment and safe reintegration, not punishment," relatives questioned whether this purpose was reflected in the reports and broader system in practice. Cloud Woman described the balance the Review Board was expected to maintain, explaining that its "duty is the safety to the public, with the least amount of harm to the person sitting in front of them." However, Cloud Woman did not feel that this was "necessarily, for every single person, what is happening." This perceived imbalance led relatives to question how public safety itself was being understood. For example, Oz stated, "We're here for the courts; we're here for public safety. [...] but what does that actually mean in terms of public safety? It's very subjective."

Relatives' reflections on the mock reports suggested that public safety was understood through control, medication, and compliance, with considerably less attention to the person's wellness and their future. Elder Mike Pierre described the impression left by the mock reports:

"Public safety and control, right? They're taking their pills, and they're listening to us to take their pills. That's really what I saw [in the mock report]. There was nothing about the wellness piece [...] Let's work on what kind of future do we want? [...] What do I have to do to get there? Who's going to help me?"

Similarly, when reflecting on what came up while reading the reports, Chantell Barker (Keewatin Notin Iskwew) said “Okay, here’s the same context of colonization and its impacts on Indigenous people that continue, and without any solutions put in place other than, ‘Let’s medicate them.’” Melissa Brown (Siigasiige) observed that the reports “talk about the risk and their assessment findings,” while providing “no opportunity [...] for healing.”

Across relatives’ experiences supporting and advocating for FNIM peoples involved in the CLS, as well as experiences working within the CLS, risk was frequently described as receiving substantial weight in reports, decision-making, and practice. Cloud Woman provided an example from Review Board hearings, where “many of the questions are around the risk assessment, or the presentation of their behaviour, [...] but I’m not asked a lot of questions on my parts, and my parts are the person.” Cloud Woman connected this imbalance to what information the Review Board was being given to consider:

“We have a conservative board. We have a report that is punitive. Why are they going to take a positive when they’re not being presented with the information? Why are they going to take context when it’s not presented? They’re being given a list and being told what we would like. Then they either do that at minimum, or they do less.”

Cloud Woman further emphasized that integrating the person’s background into the risk assessment section could do more than provide additional context:

“It would give context to the person, to the process, and why we’re getting to our conclusion. I also think it could potentially change our conclusion because we’re actually bringing the person into this, and not just a list of triggers, events, and speculation.”

These reflections highlighted how the weight given to risk, and the limited integration of the person and their context, could shape both the conclusions reached within the reports and the decisions they are meant to inform.

“Believe It or Not, People Are Scared of Psychologists.”

Based on their personal and professional experiences, relatives described fears that emotional expression and cultural and spiritual experiences could be misunderstood or pathologized during psychological assessment and used to justify diagnosis or restrictions. Everett Contois described how some of the men he worked with preferred speaking with an Elder rather than a psychologist. He explained that speaking with an Elder felt different because people were comfortable, could “share exactly what it is they’re feeling at the proper time,” and felt that if they “were to speak to an Elder, he would understand [them]”. In contrast, he shared that many Indigenous men involved in the legal system feared that “White people” would “blow things out of proportion.” Everett Contois further explained that many men often believed that psychologists “want to interpret what they said wrong” and “make it worse than what they’re actually saying.” Everett Contois connected this concern to culturally sensitive topics and different ways of sharing and expressing emotion and shared that the fear of being misunderstood contributed to many FNIM men refusing to speak with non-Indigenous professionals.

Melissa Brown (Siigasiige) raised similar concerns about whether psychological assessments were “safe enough for the individual to share [spiritual experiences]”. Reflecting on what she herself would feel comfortable disclosing, she explained that she “would not feel safe at all” sharing these experiences with a psychologist and would wonder, “What are they going to diagnose me with? What risk am I going to be?” She connected this fear to longstanding and

ongoing harms experienced by FNIM peoples across Canadian systems. Anung described how these concerns could affect what people feel comfortable sharing:

“When there isn't trust, you're not going to be honest with the person, not fully. Or you are going to be reserved or hesitant to share about anything because you know that it's ultimately being used against you to diagnose you or restrict your liberty in some way. So, it's kind of a flawed process when you already know that that's what it's going to be used for. It's already stacked against you, so it's ‘yeah,’ ‘okay,’ ‘yeah,’ ‘no.’”

Cloud Woman provided two examples of how professional practices could reinforce this mistrust. She questioned how trust could be maintained when risk assessments were presented in a way that was “very much, ‘Hey, I shared some of this information with you, and now you're using this against me.’” Similarly, in relation to substance use, she observed:

“We ask them to disclose if they have used, but we punish them when they disclose. If they don't disclose and then we get a urine test that comes back with a positive. Holy hell does it ever come down on the top of their heads. They have an addiction. Why aren't we treating that?”

Relatives therefore connected trust not only to whether people participated in an assessment, but also to the depth and honesty of what could be shared. Anung captured this contrast when she stated, “It's incredible what people will say when you give them the space to, and they don't feel like their words are going to be used against them, or their story is going to be used against them.” The previous themes illustrated how, in both mock reports and relatives' professional experiences, FNIM peoples' words had been used against them, or they had been misunderstood, mischaracterized, and pathologized. These reflections highlight the reality behind the fear and distrust many FNIM peoples involved in the CLS have towards mental health professionals.

Together, these subthemes illustrate how prioritizing risk and control over healing could reinforce mistrust in the assessment process. Based on personal and professional experiences, relatives described how fear and mistrust affected what people felt safe sharing and whether they were even willing to meet with mental health professionals. Relatives suggested that this could contribute to an incomplete or inaccurate picture being used to assess their risk, illustrating how the absence of healing may undermine the trust and understanding needed to support both the person and public safety. Relatives' reflections point to the need for a different approach that could build trust and bring the person back into the assessment process. Melissa Brown (Siigasiige) captured the shift needed when she stated, "I love it when I hear people who recognize we are just in a revolving door here when it comes to what can we do to change things and it is through healing that things will change."

Theme 5. Two-Eyed Seeing: Bringing the Person Back Into the Process

The final theme encompasses relatives' reflections on what should change within assessment and report-writing practices to better support FNIM peoples' wellness and reduce the perpetuation of colonial harms. Across their recommendations, relatives described what becomes possible when FNIM knowledge is used alongside Western knowledge, rather than being treated as secondary to it:

"So many people just give all the weight to this Western model, and that's the only thing that matters. Everything else is sub, or even below sub, and that's just not good. We've been there and done that, and we haven't seen a lot of success, right?" (Elder Mike Pierre)

Relatives recognized the value of Western knowledge, assessment, and treatment. Their concern was with the harm that could occur when Western knowledge was treated as the only valid way of understanding the person. Melissa Brown (Siigasiige) described this concern as relying on "an

isolated professional opinion” that was “all based in Western Knowledge.” In contrast, she described her own experiences of being able to “walk in both worlds” and “mesh both together,” while maintaining respect for both the law and her way of life. The pathway forward described by relatives involved bringing the person back into the assessment process through Two-Eyed Seeing, which is reflected through the following four subthemes: *Redefining public safety*: “*It is through healing that things will change*”; “*Do they understand the context of colonization?*”; “*We have to call it out*”: *making colonial context and bias visible*; and *Creating a culturally safer process*. These subthemes demonstrate how Two-Eyed Seeing could change not only what was included in the reports, but also how public safety was understood and how the person was approached, understood, and supported throughout the assessment process.

Redefining Public Safety: “It Is Through Healing That Things Will Change”

Relatives contrasted the current emphasis on control, professional distance, and individual risk with FNIM approaches to healing grounded in relationships, reciprocity, culture, community, accountability, and restoring balance. Across conversations, relatives emphasized that a plan for public safety could not be limited to “medications and locking them up and controlling what they're doing” (Elder Mike Pierre). Similarly, Melissa Brown (Siigasiige) stated that “if you want to see a person potentially not reoffend then you have to also create that healing plan as well.” Elder Mike Pierre stated that “it's that connection to land and culture and language and ceremony, identity, sense of belonging, history, and family connections. So that's what's going to keep a person out, right?”

Relatives described the tension between FNIM relational ways of approaching people through connection, reciprocity, and humility, and Western expectations of what a professional relationship should look like—distance, objectivity, and positioning the clinician as an expert. Oz

described these expectations as “the systems that are kind of winning, so to speak,” explaining that this is “the system that is ingrained in them in terms of how a mental health professional should look like.” When speaking about these systems more broadly, Elder Mike Pierre emphasized that “they're not broken, they're doing exactly what they were meant to do, and they weren't made for Indigenous people to be well or get well.” Although professional distance may be intended to support objectivity, relatives described it as reinforcing existing power imbalances and creating a further barrier to trust:

“I think there's greater benefit to the community when there's reciprocal trust between people. I think one of the difficulties people have is that building trust requires vulnerability, and people who work as clinicians are often [taught that vulnerability] is a big no-no, right? We don't talk about ourselves. We don't share. ‘This is about you, not about me,’ kind of thing. And so, you can't build trust that way because you're creating a power imbalance. It's just inherently there because you're not willing to be, or you're told that you can't be, vulnerable” (Anung).

Relatives also described how ongoing relational support could help sustain change. Anung described their approach as “treating them like relatives”:

“I took one of the people yesterday to my house because I had a big buffalo hide that I needed to salt because I didn't have any room in my freezer. A lot of people would be like, ‘Oh my god, you took them to your house? Aren't you worried? That's so risky,’ right? And I'm like, ‘Why is it risky?’ They have done nothing recently to demonstrate that it would be a risk.”

Similarly, Everett Contois described the importance of creating “a sense of community” where “It's not a me versus them, it's a whole community thing.” He contrasted this relational approach

with other facilities that retained correctional structures despite being described as healing lodges:

“There's two types of facilities. There's Section 81s- which are First Nation owned and operated.¹⁸ Then there are Correctional Services Canada Healing Lodges, but they're more restricted, they're more guarded. They have [correctional services] officers, their directors are called wardens, and they're really high [in] power and control. It's pretty much like a jail where they don't walk around within the population.”

Everett Contois contrasted others' fears that the men might “do something” to him with his own experience of moving freely throughout the facility and creating “that sense of homeliness” and community, noting that this is what the guys have and “what they love.” Relatives' reflections illustrate the importance of seeing the person as a relative, community member, and someone capable of healing and what reciprocal trust looks like in practice.

Indigenous relational approaches also challenge hierarchical understandings of professional roles. For example, Melissa Brown (Siigasiige) shared the following teachings on healing circles:

“My understanding, from the teaching that I've received, is that we all are part of various circles. We have our own individual circles, our kinship circles, and our work [circles]. We belong to so many circles. But overall, we're part of this huge circle, right? Within that circle, everyone is interconnected somehow, and the belief is that there is no

¹⁸ Section 81 of the Corrections and Conditional Release Act allows Indigenous individuals in federal custody to be transferred to the care and custody of an Indigenous community or organization through an agreement with the federal government. Section 81 Healing Lodges are Indigenous-led correctional facilities that support rehabilitation and reintegration through connection to community and culture (Correctional Service Canada, 2018).

hierarchy within that circle. We do have different roles and responsibilities, but again, there's no hierarchy.”

These teachings were also reflected in relatives’ descriptions of reciprocal learning. Everett Contois explained that “it's not only us being able to understand and teach them; it's other guys [teaching] the younger generation as well. Even us [...] we learn a lot from them. They teach us a lot of things we don't know.” Recognizing that everyone had something they could teach others required humility from professionals. Relatives cautioned that positioning professionals as the only expert could make it more difficult to recognize that “people are experts in their own experiences” (Stacey Soldier). Oz explained how the narrow definition of what a professional is results in people being “put in a box” and describes how to “get away from the box”:

“You need to be able to be brave enough to do new things, have the courage to do it, and be humble enough to know that you're not the be-all and end-all. Yeah, you may have years of training, and accreditation, and stuff like that, but if you're truly there for the person, then despite all your training, you don't know the person. You're just getting to know them.”

Relatives emphasized that humility also required recognizing the limits of one’s own knowledge. Elder Mike Pierre stated “If you don't know, you don't know. So don't pretend you do. Just admit it.” Recognizing the boundaries of your knowledge could create space to seek guidance from and work alongside people who hold knowledge that professionals do not. Melissa Brown (Siigasiige) explained that “our Elders and Knowledge Keepers, they are just as knowledgeable,” although “their classrooms were different. Their classroom is the spiritual classroom. Their classroom is the land.”

These relational approaches were not only reflected in how people were treated within the process, but also in what healing made possible beyond it. Everett Contois questioned “What would you rather have? An unrehabilitated guy being released, or a guy who has [received] programs and treat[ment] being released?” He described how healing could affect how someone responded to conflict after release, as well as what they carried back to their families and communities:

“Pretty soon the canoes will be used to go out there, and [the guys will be able] to go and fish in a canoe. [...] Joe Public [the general public] doesn’t like that. Joe Public says, ‘They should be in cells. Why are these guys allowed to go in the water and fish?’ Meanwhile, they’re thinking, ‘Okay, this is what I’m going to show my loved ones when I get home: how to fish. This is what I need to show them.’ [...] They’re learning from these other guys right here, how to clean fish, [...] tan hides, and make hand drums. They’re doing a lot of stuff that these young guys don’t ever learn because they’re locked up most of their lives. And they’re just young and impressionable guys.” (Everett Contois)

These reflections illustrated how healing could extend beyond the individual through the relationships, knowledge, and teachings carried into families and communities. As Melissa Brown (Siigasiige) emphasized “We need to heal our communities, our people need to heal.”

When speaking about facilitating her first circle Melissa Brown (Siigasiige) described what healing looked like in practice:

“It’s healing because when you look at who’s inside that circle, we have the person who caused the harm, the person who was harmed, and usually someone representing the community. What happened at that very first one I will never, ever forget. We had actual

forgiveness and hugging. That's the thing about First Nation people: we are very forgiving because we know what holding on to that ugliness and hurt can do if you don't choose to heal.”

Following this experience, Melissa Brown (Siigasiige) rejected the language of “sentencing,” which implies punishment, and emphasized that “It's healing. That's what's happening: healing and trying to bring that balance back in among the kinship structure within the community.” Relatives did not position healing and public safety as competing priorities. Instead, they described relational and culturally grounded healing as integral to wellness, rehabilitation, successful reintegration, and longer-term public safety.

“Do They Understand the Context of Colonization?”

Relatives felt that integrating colonial context throughout reports, where relevant, was important but expressed concern about how this would be done and who would be responsible for interpreting and communicating that context. They cautioned that adding more information could perpetuate harm when it was based on limited experience, Western assumptions, or information copied without understanding the person or the community. Chantell Barker (Keewatin Notin Iskwew) illustrated one aspect of this concern through her experience with Gladue reports:

“If you have a Gladue writer that doesn't understand [...] the historical background, because they've got their education in a Western system that has nothing to do with Indigenous people, [...] they can write a really bad Gladue report that does more harm than good. I've seen, from my experience, Indigenous people actually decline a Gladue report because of the fear that the writer will not understand.”

Chantell Barker (Keewatin Notin Iskwew) also highlighted the shift to Political Territorial Organizations writing Gladue reports for this reason, which she noted was “better because they have that lived experience of the realities of Indigenous history and Indigenous people and impacts versus somebody who just got out of the university and didn't take one Indigenous course.” Relatives’ hesitation did not reflect disagreement about whether colonial context belonged in reports but rather concern that it could be communicated through the same assumptions and limited perspectives they were trying to address. Cloud Woman explained:

“The reason I'm hesitating is that I don't know [... whether] it is helpful for someone to put their White-lens assumptions of what they think they know into context. I think we can get there, but I don't know that we're there. So yes, we should absolutely have the colonial factors included in these reports, but I don't think we can go from this to that. I think we need something like Gladue in the middle, so that we have that time to continue education, continue to learn, ask questions, and learn how to ask those questions.

Otherwise, we're very much in danger of continuing with assumptions. The Sixties Scoop is something that they're going to Google and not actually delve into.”

While these concerns illustrate why FNIM representation and lived experience matter when colonial context is being gathered and communicated, Oz emphasized that “for me, it's not [about] labeling who's Indigenous, non-Indigenous, it's more of ‘Do they understand the context of colonization?’” Oz described the need to have an understanding of the “unique distinction of us” as FNIM peoples:

“Do individuals that are writing these reports understand those contexts? Do they understand First Nations, Métis, Inuit individuals and communities? Do they understand the culture? Do they understand the languages, the upbringings, and the challenges? If

they don't understand that, then they're basically making assumptions about individuals and people, and deriving their recommendations, scores, and assessments based off of [those] assumptions. So, when you understand FNIM individuals, communities, and persons, then [...] the context in which you see them and make assessments will definitely change.”

Relatives further cautioned that even relevant community and historical information could become another standardized section if it was not grounded in the person's experiences. Cloud Woman stated that she would “be concerned that it would become another copy-paste thing, instead of taking the opportunity to use that as learning and conversation.” Similarly, reflecting on professional experiences, Melissa Brown (Siigasiige) described how she has seen this happen with the inclusion of community history in Gladue reports and emphasized “Fuck you! That's someone's history. They may have a completely different view of their community. Ask them.”

Relatives described understanding as something that should be developed through education, experience, relationships, and learning directly from FNIM peoples and communities. Melissa Brown (Siigasiige) recommended providing professionals with “exposure opportunities to go out into the communities,” noting that “there's a lot of a lot of negative, but there's also a lot of beauty, and you learn so much.” Everett Contois similarly explained that taking part in ceremonies such as sweat lodges is “when you understand.”

Although relatives emphasized experiential and relational learning, they also recognized the importance of foundational education grounded in FNIM perspectives and recommendations developed by FNIM peoples. Elder Mike Pierre explained that written sources could support understanding when professionals engaged with them as guidance for action rather than simply historical information:

“Understanding, or at least reading, the TRC Calls for Action, and the Calls for Justice for the MMIWG, the Aboriginal Justice Inquiry, RCAP, or UNDRIP [is important]. If people read these things and ask, ‘Why is this important?’ it’s because these are the problems that we’re facing, and we’re saying, ‘These are these are the solutions.’ If a person is conversant in some of these reports, they will generally [understand that] we need to fix these things. [...] So, everyone, whether you’re Indigenous or not, should be reading these and becoming aware of what the Calls for Action and Justice are, and [ask] what are we doing to make that right in terms of educating ourselves? Or are we taking steps ourselves answering one of these calls?”

Elder Mike Pierre also described how this could help professionals increase their awareness of the impacts of colonization, which might lead professionals to ask themselves, “The person I’m interviewing, [how] are they affected by any of these things?” However, written information should not replace learning directly from FNIM peoples with lived experience. Everett Contois cautioned against relying only on information found online about experiences such as the Sixties Scoop:

“I just hope that they get the perspective from somebody who is either a spiritual advisor or an Elder, as opposed to just reading about it [...] When you read it from that perspective, as opposed to [hearing it from somebody with] lived experience, it’s different.”

He further emphasized the importance of investing time in building relationships with FNIM peoples who have lived experience. Everett Contois cautioned that stories read online “could be watered down,” whereas speaking directly to FNIM peoples allows professionals to learn “what they experienced versus what is actually written.” Understanding colonial context was described

as more than knowing historical facts. Relatives described understanding as requiring distinctions-based learning grounded in FNIM perspectives, relationships, and lived experience, while continuing to ask and learn from each individual.

“We Have to Call It Out”: Making Colonial Context and Bias Visible

Relatives described understanding colonial context as something that should change how professionals interpreted behaviour, structured questions, used assessment tools, and communicated findings. They emphasized that awareness was not enough; professionals should reflect on their own interpretations, clarify their understanding with the person, and acknowledge the limitations and biases within the assessment process.

Relatives questioned whether standardized assessment tools could provide a full picture of FNIM peoples when they were created according to Western understandings of knowledge and intelligence. Elder Mike Pierre reflected on the mock reports and questioned the reference to the person’s IQ test:

“They were [scored] below 70. But these tests that they use to measure these things, those are also biased, right? They might not necessarily be such a low-scoring person if they were asked questions in a different way, in a cultural way. [These measures] were never created with our input. They were just, ‘Okay, let’s apply this to everybody because everyone’s the same,’ and that’s not true. So that’s a problem that the administrators of these tests [need] to say, ‘Yeah, okay, this this isn’t giving a full picture.’”

Elder Mike Pierre further questioned “What kind of education do they value? Is it just going to college, university, or is it spending 10 years on the land and learning about climate, the environment, and biology? We can learn so much in so many different ways, not just by going into a classroom and watching a video or looking at one person at the front.” His reflections

highlighted how Western educational standards and assessment tools may overlook land-based learning, cultural knowledge, and other forms of intelligence.

Relatives also described how forms of knowledge and abilities overlooked by standardized tools could become visible through relational conversation. For example, Melissa Brown (Siigasiige) shared a story of working with a youth where she had hit a chicken on her way to picking up a youth from their community but did not know where it went until they arrived in town:

“We get out, and he comes out of the passenger side and comes around to the front, and he's said, ‘Oh!’ And I said ‘What?’ And he's like, ‘You've got a chicken on your grill!’ And I said, ‘That’s where it went!’ So, I went and looked and asked, ‘Can you take it out of there?’ He said, ‘Yeah. Can I take it home?’ And I'm said, ‘Absolutely!’ Just like the fishing, it carried the conversation. He basically told me everything about how to trap and clean and skin and cook the chicken, which I had no idea about. So yeah, something so simple as just conversation.”

This story illustrates how a person’s knowledge and abilities may become visible through relational conversation in ways that formal questions or standardized measures may not fully capture.

Several relatives reflected on the importance of how the interview questions were structured. For example, Stacey Soldier recalled asking a youth, “have you ever experienced racism?”:

“I had one kid who said ‘I'm not sure. No, I don't think so. That's never happened.’ So, when I'm reviewing their PSR [presentence report], I said, ‘It's curious. You said that you've never experienced racism. When you go into Shoppers Drug Mart or [the Mall],

what happens?’ [They responded], ‘Well, the guards follow me around and they act like I’m gonna steal, or I’m gonna start a fight. One time, one of them searched my backpack, and I didn’t think he was allowed to do that, because you told me [he wasn’t]’ He was like, ‘But I just let him because I think he was going to beat me up.’ And I asked, ‘Do you see what that is? What would be the reason?’ So, we got to the point: ‘Well, because I’m a young Indigenous boy.’”

Relatives also shared how in their experience, short responses may be a sign that the person does not understand. For example, when individuals respond with “yup,” Melissa Brown (Siigasiige) noted “That’s the individual saying, ‘Yup, I don’t understand, but I’m not going to be made to look like a fool or have you judge me because I don’t. So, I’m just gonna say, ‘Yeah.’” Awareness of differences in communication may help to not only reduce misunderstanding on the part of the clinician, but also for the individual.

However, awareness of possible differences in communication cannot determine what a person’s response meant. Relatives emphasized that professionals also needed to examine their own reactions to what they observed and ask the person rather than assigning meaning themselves. Elder Mike Pierre explained:

“The observational stuff, if you don’t know what’s going on, and this person is taking a long time to answer, what does that do to you? [...] You made an observation, but do you try to answer why it is being observed?”

Relatives highlighted that understanding language, processing, disability, culture, and communication matters, but assessors also need to examine their own reactions to what they observe. Otherwise, they may possess general knowledge and still interpret the person through bias.

Relatives described the importance of continuing to be aware of and check your biases. Anung described misconceptions about this being something that you can just complete with training rather than an ongoing process:

“When I worked in community health centres and tried to talk about unconscious bias, or the bias that exists within clinical environments, people were like, ‘Oh, well, I took a training.’ And I’m like. ‘Okay, that’s great, but it doesn’t allow you to identify what your bias is because that’s ongoing and really hard work to do.’ Just like with anti-racism, people are like, ‘Oh yeah, anti-racism, anti-oppression,’ but they don’t actually put it into practice.”

Importantly, relatives emphasized that professionals need to acknowledge their bias and the bias of the systems within the reports. This requires recognizing that objectivity is not possible, as Anung emphasized “the way that these systems have been designed and structured, has been to support White supremacy,” and to “think that there is anything that is objective and unbiased, I think that’s a significant risk, and also a little bit irresponsible, and unethical.” Within systems where bias is always present, failing to acknowledge that bias also communicates something, although it may not be what the professional intended. Recognizing these biases is crucial because of the history of harms perpetuated by psychological, medical, and legal systems that placed value judgements on difference.

Relatives also emphasized that the impacts of colonization on the person needed to be named explicitly. As Elder Mike Pierre stated, “We have to call it out, because that’s the only way it’s going to change, right?” Cloud Woman described how making colonial context visible in reports could bring understanding into the wider legal and clinical systems:

“We have to send these into the legal system. That will force them to ask different questions, and I think it's also going to force them to think differently, right? [...] I don't necessarily think these need to be like Gladue 2.0, but there should be a component, there should be a piece of it, something that forces those questions to be asked. We can highlight, ‘Hey, this person with this Indigenous background has been marginalized their entire life, and we are continuing to marginalize them. Let's wake up and see what we're doing, and let's actually support them.’ That can be done with black-and-white words on a piece of paper. It can't necessarily be done through questions that they don't know how to ask.”

This reflection demonstrates the importance of how we communicate information, which can influence not only how the person was understood, but also the questions asked and decisions made by others throughout the system. Melissa Brown (Siigasiige) provided an example of how sharing FNIM teachings and protocols with a legal professional changed his understanding and how he enacted his role within a healing circle:

“I'd never met this judge before, but he does have a reputation for being very by the books. People will say ‘He's a hard-ass,’ but I didn't take it as that. He was someone who has intense knowledge of the law, and that's what he's given his life to, so he just does it really well. When I met him in person, he was so nervous [...] So I just pulled him aside, and I said, ‘Okay Rambo, we're gonna have a conversation here, we're going to talk about what this is really.’ And then I found out they want to do all these circles, but they don't [have an] understanding of process and protocols. So, I shared it. I shared everything I knew [...] And something historic happened that day. We [took a break] and before we went back in—because I think he was expecting for the individual to sit right in the

centre, and then for him to be in the centre and sit across each other—I said, ‘Well, who is at the centre of the centre of the centre of the universe is spirit. So, spirits there. But if you want to, you can.’ [...] So, he comes back, he's like, ‘Melissa, I really thought a lot about what you said and I'm gonna take my robe off.’ And I was just like, ‘What? Really?’ He's like, ‘Yeah. You said we're all equal in here. We have different roles and responsibilities. So, I'm going to take it off. But when it does come time to do the sentencing, I will put it back on.’ I said, ‘Absolutely!’ [...] And he said, ‘If I get in trouble for this, oh well.’ So, it was phenomenal like it was phenomenal. There's so many inquiries for these circles. They are great, but [people often] don't understand the significance or the protocols of it. So that circle ended up having a huge impact on him.”

Melissa Brown (Siigasiige) explained that the experience continued to influence the judge to integrate healing circles into the court process for more FNIM peoples:

“He's like, ‘Can you please come and provide smudging services? Because we're going to sentence this person, and he's going to be going away for a while.’ Then we were doing a standing committee in another community and he's like ‘Can you please come and have someone provide services again?’ So just changing a word, for me, has had such an impact on how I have evolved in the facilitation of circles. To see the impression that it has left on someone else, to continue to change but still walk their path while being more open, was phenomenal. This was someone who was set in his own ways, but he also knew what doesn't work for First Nations people. So, he was like, ‘We have to try something else.’”

This story illustrates Two-Eyed Seeing in practice: understanding FNIM teachings and protocols changed how the judge participated in the circle without requiring him to abandon his legal role

and responsibilities. This highlights how integrating healing and culturally grounded processes can transform not only the experience of the person and the family, but also the practices of legal professionals.

Creating a Culturally Safer Process

Relatives shared several practical ways evaluators could better support FNIM wellness throughout the assessment process and address practices that led to reports that were “not culturally safe for our relatives” (Melissa Brown, Siigasiige). Across conversations, they emphasized flexibility, access to cultural and spiritual supports, and creating supportive environments where people could feel safe, comfortable, and respected. Everett Contois described how Elders create these conditions through ceremony and relational practice:

“Do you know how Elders manage to do things? They do it in a circle and in a proper way, where they get guys comfortable and talking. They're given eagle feathers to talk. Holding an eagle feather is very powerful because that's where you're supposed to speak the truth. [...] When you have an eagle feather during sharing circles, you're okay to speak about whatever it is that is on your mind [...] That makes people comfortable [...] And having ceremony in between, a smudging prayer, and a smudge bowl there, just in case that person breaks down.”

In addition to suggesting the need for access to cultural and spiritual supports, Cloud Woman also emphasized the importance of adapting the assessment to each person's individual needs:

“Let them know that we can do a smudge. Let them know that we can say a prayer together. Let them know that there's a space outside if they don't feel comfortable sitting in a white-walled room. Ask them what they need. Do you need to take a break? Do we need to meet three or four times for 15 or 20 minutes because that's all your attention can

accommodate? Our ability to be flexible is much greater than theirs, so we need to do that. Ensuring that there isn't a language barrier. And if there is, we need actual access [to language support] so that we can communicate. That would be amazing."

Across all eight conversations, relatives either explicitly identified in-person conversations as highly preferable or had criticized the reliance on telehealth. I interpreted these reflections as illustrating how an integral part of creating a safer space is being in the same place, allowing for greater connection including through the sharing of food. Relatives also emphasized asking the person "Is there someone that you want here?" (Elder Mike Pierre). This could include kin, friends, an Elder, Knowledge Keeper, or Spiritual Care provider.

When a fire alarm led one of the research conversations to take place outside, it provided an opportunity for reflection on the importance of the space you are in and the connection to land and nature:

"The environment as well plays a big, big role. Just look at us right now. We were in a closed room with no windows. There were couches there, but now we're outside. Yeah, we hear the fire alarms and things like that, but we're outside under the sun. Can you do things in that manner, where it's more comfortable outside? [...] Doing things out on the land [...] connecting with people" (Oz).

To help reduce harm when discussing difficult topics, relatives highlighted the importance of planning for support before, during, and after conversations. Several relatives discussed the harm that could occur when "all of a sudden they're being asked to talk about their deepest, darkest traumas." (Elder Mike Pierre). Before having those difficult conversations, "For the sake of being a human being working with another human being, make that stop [to meet them and] go introduce yourself." (Melissa, Siigasiige). Relatives described how introducing

yourself beyond your professional role could help reduce distance and begin addressing the power imbalance within the assessment. Anung contrasted professional introductions with how FNIM peoples often introduce themselves through their connection to their culture, community, family, and the land, which can help build trust by establishing that “we’re connected in some way” and that “it’s not completely foreign, unknown territory.” Elder Mike Pierre similarly noted that assessors do not need to “give too much personal information” about themselves, but that the person should still feel that “the interviewer is a relatable person.”

Although meeting several times may not be possible, relatives emphasized prioritizing having at least one initial meeting to introduce yourself and explain what the process would involve. Elder Mike Pierre stated that “they need to know exactly what kind of questions we’re going to be asking, and we know that this could be triggering. Do we have things in place for them? Do we know what kind of things work for them?” Melissa Brown (Siigasiige) described this initial meeting as “foundational,” creating an opportunity to learn what the person may need to feel safe, comfortable, and supported when sensitive topics are discussed during the assessment.

Relationship building, strengths, familiar teachings, and positive memories can create a softer entry into difficult material “letting them feel comfortable by [asking] these open, soft questions, [allowing] them to reminisce about the good things” (Stacey Soldier). Relatives also described how harmful interviews can be when they “push a person too hard” (Everett Contois) and become a “let’s talk about every shitty thing that happened to you for my report” (Stacey Soldier). For example, Elder Mike Pierre shared stories of what would happen when individuals were asked to discuss trauma without support:

“[They’re] called out of their unit to go speak to a stranger [through] a glass window while they’re incarcerated. All of a sudden, they’re being asked to talk about their deepest, darkest traumas for their Gladue report. Then the person [interviewer] is just like, ‘Okay, bye, I’m out of here.’ And the person is just ripped open. They go back to the unit, and they’re having a crap day. Then they want to fight another inmate or a staff. So ‘Oh, why did that happen? This guy’s being belligerent.’ Now he has an institutional charge. Then he has to go to disciplinary board, and he loses privileges. There’s just so many impacts to that, right? Versus planning things out a bit better, recognizing ‘When I’m going to be talking to this person, am I going to be triggering them?’”

This example of extractive interview practices highlights the importance of asking yourself “What’s the ripple effect of that? Of you having a conversation?” (Melissa Brown, Siigasiige), and planning for support following these difficult conversations. Just as relatives recommended beginning with softer questions, they also recommended ending with lighter, more strength-based discussion and leaving time to check on the person’s wellbeing.

Across these subthemes, relatives described how Two-Eyed Seeing could bring the person back into the assessment and report-writing processes by changing both how they were understood and how they were approached. Relatives’ reflections illustrated how understanding and acknowledging colonial context and bias, as well as creating relational and culturally safer conditions can shift the focus beyond risk and control toward healing, wellness, and longer-term public safety. The following chapter considers these findings in relation to existing literature and their implications for forensic assessment and report-writing practices.

Chapter 4: Discussion

Overview of Findings

Building on existing work identifying concerns with how colonial and structural conditions are represented in risk assessment and forensic reporting (Almond et al., 2021; Monjazebe, 2025; see also Muir et al., 2023), the present project begins to clarify what meaningful contextualization may require in practice from the perspectives of First Nations and Métis professionals. Across the themes, relatives returned to the importance of *The person at the centre*. Relatives' reflections illustrated how system constraints could affect the information available about the person, while a Western lens—that centres on risk assessment and management—could shape how that information is interpreted and communicated. Relatives highlighted that colonial assumptions remained embedded across both the report and the broader process, privileging risk over a fuller understanding of the person and left relatives questioning, “*Where is the healing?*” Relatives also discussed the need for a more relational and culturally grounded approach to bring the person back to the centre. Taken together, these findings shift the question from what colonial information should be added to a forensic report to how the understanding of the person represented in the report is developed.

The findings illustrate First Nations and Métis professionals' perspectives on how colonial contextual factors were discussed in the mock reports, how professionals should integrate colonial context into reports and ask about these experiences in culturally appropriate ways, and what practical changes professionals can make to better support FNIM wellness during assessments. Although relatives were responding to mock reports, they frequently connected what they read to reports, people, communities, and circumstances they had encountered through their personal and professional experiences. Relatives described colonial

and structural circumstances as often listed without the context needed to understand their meaning for the person. Relatives viewed meaningful contextualization as requiring more than adding colonial factors, as colonial factors without context were presented as risk factors. Relatives' recommendations for asking about colonial factors and supporting wellness emphasized a more relational process grounded in learning from the person, rather than making assumptions, alongside greater flexibility, and access to more holistic support throughout the assessment. The following sections build on these findings by demonstrating how the assessment process itself can shape the understanding of the person, how colonial context can meaningfully inform interpretation and formulation, and how healing and Two-Eyed Seeing broaden understandings of public safety, as well as specific policy and practice recommendations to move toward culturally safer forensic assessment.

The Importance of the Assessment Process

Across the findings, relatives connected how the person and their context were understood in the mock reports to the conditions under which that understanding was developed. This was particularly evident in the second theme, *When system constraints limit understanding*, where relatives reflected on how the practical burden of limitations created by the system—including time, staffing, travel, access to information, and other resource constraints—could shift onto the person being assessed. Related constraints have also been reported by professionals working in practice settings. In Monjazebe's (2025) survey of forensic mental health and correctional professionals, time and resource constraints were identified as barriers to implementing Gladue-informed practices in risk assessment, including conducting comprehensive and individualized assessments. At a broader systems level, Burgess et al. (2026) documented staffing and capacity pressures across Canadian forensic mental health services,

including challenges in meeting demand for forensic assessments. Together, this literature supports relatives' concerns that the system constraints reflected in the mock reports could contribute to an incomplete understanding of the person in the report.

Relatives' discussions of telehealth provided one of the clearest examples of how the conditions of the assessment could affect both the person's experience of the process and how the individual and their context were ultimately described in the report. Within the second theme, relatives questioned the use of telehealth when logistical barriers limited the individual from attending the assessment in-person, especially without consideration of the professionals going into the community. These concerns also intersected with relatives' broader reflections on mistrust within the fourth theme, "*Where is the healing?*" While the general fear of being misunderstood or having information used against them could affect how a person engages with a mental health professional, telehealth may add another barrier to building trust within a process where trust may already be difficult to establish. Indigenous telehealth literature similarly identifies concerns surrounding trust, rapport, and depersonalization (Moecke et al., 2024). Within the fifth theme, *Two-Eyed Seeing: bringing the person back into the process*, relatives connected creating a culturally safer assessment to being in the same place, building connection, and planning for support before, during, and after difficult conversations. Therefore, concerns with telehealth are particularly relevant for FNIM peoples living in northern and remote communities, where the same structural inequities that make in-person services difficult to access may also make virtual assessment the default response. FNIM community partners working with individuals involved in the CLS have emphasized that virtual conversations can leave individuals in remote communities without support after reopening trauma (Nijdam-Jones et al., 2026a). Although virtual care can increase access in some circumstances, relatives questioned whether

“accessibility” should mean more than simply completing an assessment, particularly when virtual care may itself introduce barriers and harm for Indigenous adults involved in the CLS.

Relatives also raised concerns about the accuracy of behavioural observations within the mock reports, particularly emphasizing how virtual settings can lead to misinterpretations. Literature on forensic assessment cautions that behaviours observed remotely, such as eye contact and vocal tone, should not automatically be attributed to psychological or psychiatric explanations (Batastini et al., 2023). Similar concerns have been raised in cross-cultural forensic assessment, where telehealth and other methodological limitations during the assessment process may constrain the validity and interpretability of psycholegal opinions documented in forensic reports (Nijdam-Jones & Filipović, 2026). These issues are particularly important in high-stakes forensic assessments, where opinions may influence decisions affecting liberty and safety (Batastini et al., 2023). What occurs during the assessment follows the person into the report: information that is not disclosed, clarified, observed, or understood cannot later be meaningfully contextualized, while interpretations formed through limited relational contact may become part of the formal account available to decision makers.

Colonial Context and Meaningful Contextualization

Across the findings, relatives consistently returned to a central concern: whether the reports allowed the reader to understand the whole person. One way the person became de-centred was through the Western risk lens described in *One-eyed seeing*, which shaped how information was interpreted and communicated, foregrounding risk, diagnosis, and legal status while other parts of the person became less visible. This concern also resonated during consultation on the findings with the North Hawk Elder Council. Drawing on her own lived experience within the CLS, Elder Martha Kahnpace explained, “When you get things written up

by them [psychologists], it's not always accurate [...] You don't even recognize who they're talking about, because that's not you. [...] When you read it yourself, it's like, 'Who in the heck are they talking about?'" Elder Martha further described how "they put a label on me that [...] totally wasn't me. [...] It was about someone else, supposedly me. [...] It made me feel invalid [...] very, very frustrated." Her reflection captures a concern that was threaded throughout all the themes: an entire report can be written about a person while still failing to represent who that person is.

Relatives also reflected on how colonial factors can be present in a report without being meaningfully contextualized when the broader colonial context is missing, disconnected from the person, or presented as isolated background information. Yet they shared that including more colonial factors in a report would not actually address this concern. In *All risk, no context*, relatives described how colonial and structurally produced circumstances were interpreted as individual deficits, choices, pathology, or risk when the conditions surrounding these factors were not made visible, consistent with broader concerns about locating the effects of colonization within the individual rather than the colonial and structural conditions that produced them (Episkenew, 2009; Muir et al., 2023; Nelson & Wilson, 2017). *Pathologizing culture* demonstrated relatives' concerns about a related problem, that cultural and spiritual experiences may be interpreted through a Western clinical lens without sufficient consideration of their meaning to the person. Context therefore needs to inform how information is interpreted and formulated, including the conclusions and recommendations that follow.

Importantly, contextualizing a factor does not mean that it is no longer relevant to violence risk. Rather, colonial and structural context can change how that risk factor is understood and formulated, including its root causes and meaning, which may in turn shape how

it is addressed through intervention (Muir et al., 2023; Ramshaw et al., 2021a). Relatives were not advocating for reduced accountability for the individual being assessed; rather, they were advocating for a fuller, more accurate, and culturally informed understanding of the individual.

Relatives also emphasized that meaningfully integrating colonial context into interpretation depends, in part, on the knowledge the professional brings to the assessment and their willingness to question their own assumptions. The fifth theme captured this concern in the subtheme “*Do they understand the context of colonization?*” This concern extended across the findings, where assumptions and bias shaped how a person’s behaviour, experiences, culture, and circumstances were understood.

Relatives’ reflections also align with a broader shift away from cultural competence and towards cultural safety. Cultural competence has traditionally emphasized developing knowledge and skills for working across cultures, while cultural safety places greater emphasis on power, critical self-reflection, and the experience of the person receiving care (Curtis et al., 2019; see also Public Health Agency of Canada, 2023). Across themes, relatives similarly emphasized that understanding colonial and community contexts did not make professionals experts in another person’s experiences. Understanding related to cultural humility, recognizing the limits of professional knowledge, reflecting on bias, and being willing to ask, listen, and learn from the person and other relevant knowledge holders. Relatives also cautioned that even relevant historical or community information can become another standardized section if it is not grounded in the person’s own experiences. Foundational knowledge can help professionals recognize what they do not know and what they need to ask, but it cannot replace learning from the person what their experiences, culture, community, and goals mean to them.

Reconceptualizing Public Safety Through Healing and Two-Eyed Seeing

Concerns about how the person is understood also extended to the purpose of the forensic assessment itself, particularly in “*Where is the healing?*” and *Two-Eyed Seeing*. Relatives’ reflections also raised a broader question about what the forensic mental health system, and the reports produced within it, are ultimately working toward. Relatives recognized and respected the importance of considering risk and public safety, but questioned the imbalance created when risk, control, and symptom management became the dominant focus while healing, strengths, relationships, and the person’s future were largely absent from the mock reports. This is important because, as one relative highlighted, the Criminal Code Review Board is supposed to balance concern for public safety with consideration of the person’s mental condition, needs, liberty, and reintegration (Manitoba Criminal Code Review Board, n.d.). The decision made is supposed to be “the least onerous and least restrictive to the accused. The Review Board Process is intended to be rehabilitative, not punitive, and so the dispositions are intended to safely reintroduce an accused into the community” (Manitoba Criminal Code Review Board, n.d.). Importantly, the guidelines for the Review Board also stipulate the need to consider unique circumstances for Indigenous peoples (Manitoba Criminal Code Review Board, n.d.). These expectations highlight a tension between the rehabilitative and individualized aims of the Review Board process and the risk-dominant focus relatives perceived in the mock reports and broader system.

The tension between custody and care, and between recovery-oriented goals and risk management, has long been recognized within forensic mental health, as has the concern that recovery-oriented language does not always translate into meaningful therapeutic opportunities in practice (Lewis et al., 2024; Nicholls & Goossens, 2017; Sturidsson et al., 2007). These

longstanding tensions are particularly important within a Canadian forensic system that is increasingly overburdened, with more individuals entering than leaving, some remaining under Review Board supervision for years, and insufficient community services creating major barriers to reintegration (Burgess et al., 2026; see also Nijdam-Jones et al., 2026b, 2026c). Particularly relevant to the present findings, Burgess et al. (2026) describe service gaps in remote communities that can result in Indigenous forensic service users being placed hundreds of kilometres from their home communities, contributing to cultural and social isolation, and disrupting connections to community and culture. Relatives' question "*Where is the healing?*" therefore extends beyond the language of the mock reports. It raises the question of whether current understandings of public safety are broad enough when a system intended to support rehabilitation and reintegration is struggling to move people back into community. What relatives add to this broader forensic discussion is a conception of healing and safety that includes not only symptom management or immediate physical safety, but relationships, culture, identity, land, family, community, belonging, balance, strengths, and a meaningful pathway forward. Healing is not separate from public safety; healing may be one of the conditions necessary to support public safety over time.

Relatives' use of Two-Eyed Seeing also points toward the need for broader change. Western knowledge, assessment, medication, and legal responsibilities were not rejected; rather, relatives questioned the hierarchy that allows one knowledge system to determine what counts as credible, objective, relevant, or safe. This is consistent with critiques that focusing exclusively on individual practitioners or adding Indigenous cultural content can leave the structural and institutional conditions producing inequity largely untouched (Braley et al., 2026; Nelson & Wilson, 2017).

Toward Culturally Safer Forensic Assessment: Policy and Practice Recommendations

Building on these findings, relatives' recommendations identify changes needed across the forensic assessment and report-writing process, from preparation and relationship-building through information gathering, interpretation, formulation, and recommendations. Across these stages, relatives emphasized practices that move beyond just risk management and instead support more holistic healing and wellness (Nijdam-Jones et al., 2026a). The recommendations presented below were developed collaboratively through analysis and interpretation of relatives' guidance, alongside consultation with the North Hawk Elder Council. They are intended to inform both broader organizational, policy, and system-level change as well as individual forensic practice.

Organizational, Policy, and System Recommendations

Although individual professionals can make meaningful changes within their own practice, they cannot independently address the structural conditions and system constraints that shape forensic assessment. Relatives' reflections highlighted the importance of locating responsibility for change at both individual and system levels, consistent with cultural safety frameworks (Curtis et al., 2019). Relatives identified compressed timelines, workload and staffing pressures, travel barriers, and limited access to appropriate spaces and supports as constraints on more comprehensive and relational assessment. Organizations should therefore support earlier referrals, sufficient assessment and report-writing time, manageable workloads, and the resources required to conduct comprehensive and individualized assessments.

Organizations also have a role in creating conditions for safer assessment environments. This includes providing the time and resources for travel when in-person assessment is appropriate, particularly when a person lives in a northern or remote community (Nijdam-Jones

et al., 2026a; see also Leader et al., 2023). Relatives emphasized the importance of place, comfort, and access to language, as well as cultural, spiritual, and relational supports. Organizations should support access to spiritual practices or medicines, as well as Elders, Knowledge Keepers, and other relevant FNIM knowledge holders, rather than leaving this responsibility to individual professionals (The Psychological Association of Manitoba, n.d.; see also Nijdam-Jones et al., 2026a).

Policies and procedures can help ensure that culturally safer practice does not depend entirely on individual professionals. Expectations should be established for meaningful consideration of relevant colonial context across assessment, interpretation, formulation, and recommendations. These expectations should support individualized, relational, and distinctions-based practice rather than standardized approaches. Policies should also support ongoing education and professional development related to colonial and community contexts, cultural humility, and bias, informed by FNIM peoples and knowledge holders (Canadian Psychological Association, 2018; see also Nijdam-Jones et al., 2026b).

At a broader system level, relatives questioned whether healing and reintegration were being given sufficient attention within a process that appeared heavily focused on risk and control. Their reflections support closer examination of how colonial context, healing, and the unique circumstances of FNIM peoples are considered across forensic assessment, reporting, and Review Board decision-making. FNIM peoples and knowledge holders should also be meaningfully and continually involved in informing services, policies, and future changes to practice (Canadian Psychological Association, 2018; The Psychological Association of Manitoba, n.d.; see also Nijdam-Jones et al., 2026a).

Table 1*Organizational, Policy, and System-Level Recommendations*

Level	Recommendation	Description
Organizational	Provide sufficient time and resources for comprehensive and relational assessment	• Support earlier referrals • Provide sufficient time for assessment, relationship-building, and report writing • Maintain manageable workloads and adequate staffing
	Support access to appropriate assessment environments	• Provide time and resources for travel when in-person assessment is appropriate • Address geographic barriers, particularly for people living in northern and remote communities • Provide appropriate and flexible spaces for assessment
Policy	Ensure access to language, cultural, spiritual, and relational supports	• Ensure access to appropriate language supports • Support access to cultural and spiritual practices and medicines • Facilitate access to Elders, Knowledge Keepers, and other relevant FNIM knowledge holders
	Embed meaningful consideration of colonial context into assessment and reporting policies	• Establish expectations that relevant colonial and structural context be considered across assessment, interpretation, formulation, and recommendations • Support documentation of how colonial context informed the understanding of the person, rather than only documenting colonial factors as individual risks • Avoid checklist approaches by allowing flexibility for person-centred and distinctions-based assessment
	Embed culturally safer and relational practices into organizational procedures	• Develop procedures that allow flexibility in assessment location, format, timing, and supports • Ensure policies support access to language, cultural, spiritual, and relational supports rather than placing responsibility solely on individual professionals
	Support ongoing professional learning	• Establish expectations and opportunities for ongoing learning related to culturally safer forensic practice • Ensure learning is informed and led by FNIM peoples and knowledge holders
System	Reconsider how healing and reintegration are	• Examine whether forensic processes give sufficient attention to healing and reintegration alongside risk management

balanced with risk and control	• Consider colonial context, healing, strengths, and the unique circumstances of FNIM peoples across assessment, reporting, and Review Board decision-making
Centre FNIM leadership in system change	• Meaningfully and continually involve FNIM peoples and knowledge holders in informing forensic services and policies • Involve FNIM peoples and knowledge holders in developing, implementing, and evaluating future changes to practice

Practice Recommendations for Forensic Professionals

Practice recommendations are organized in Table 2 according to where they primarily arise within the forensic assessment and report-writing process: foundational and ongoing preparation; assessment; and interpretation, formulation, and report writing. Although presented in three areas, the recommendations are interconnected. They also overlap with established trauma-informed, person-centred, distinctions-based, and culturally responsive approaches, as well as professional responses to the TRC. These recommendations should not be understood as a checklist for achieving cultural safety in forensic assessment. Cultural safety is determined by the person being evaluated and requires ongoing attention to power dynamics, institutional conditions, and the person's experience throughout the assessment process (Curtis et al., 2019). Although forensic assessment remains distinct from treatment and cannot remove the coercive context in which it occurs, these recommendations may support efforts to reduce power imbalances and harm while involving the person more meaningfully within the limits of forensic assessments (Visser & Sakdalan, 2026).

Foundational and Ongoing. Relatives' recommendations suggest that creating a safer assessment begins before the professional meets with the person. Professionals should develop

an ongoing understanding of colonial and community contexts, reflect on their positionality and biases, recognize the limits of their own knowledge, and approach the assessments with cultural humility. This includes asking rather than assuming, seeking appropriate guidance when needed, and recognizing that learning is ongoing rather than completed through a single training (Canadian Psychological Association, 2018; Nijdam-Jones et al., 2026a, 2026b). These foundations should shape how professionals approach the person, gather and interpret information, and adapt the assessment to the person and their context.

Assessment. Relatives emphasized that culturally safer assessment depends on both what questions are asked as well as the conditions in which they are asked. Professionals should be transparent about the purpose and process of the assessment, their role, limits of confidentiality, and how the information will be used (Ramshaw et al., 2021c). Relatives also recommended taking time to build relationships, beginning with less difficult questions, remaining flexible to the person's needs, and planning for support before, during, and after difficult conversations. These recommendations are consistent with trauma-informed principles of safety, transparency, collaboration, and voice and choice (Nijdam-Jones et al., 2026a; SAMHSA, 2014).

Interpretation, Formulation, & Report Writing. Relatives emphasized that the understanding developed through the assessment should shape interpretation and formulation. Professionals should clearly identify the nature and extent of direct contact, sources of information and their limitations, distinguishing information from professional interpretation, and being cautious with the inclusion of unsupported or potentially biased file-based information (Ramshaw et al., 2021c). Relatives also emphasized the importance of information being interpreted in relation to the individual. Meaningful contextualization requires asking why

Table 2*Practice Recommendations for Forensic Professionals*

Part of Process	Recommendation	Description
Foundational and Ongoing	Develop an understanding of colonial and community context	• Build relationships with FNIM peoples, organizations, and communities • Learn from Elders, Knowledge Keepers, and Spiritual Care providers • Learn through experience (e.g., going into community, taking part in ceremony) • Read literature from FNIM peoples, including foundational Indigenous rights and justice frameworks (e.g., TRC calls to action, RCAP, UNDRIP)
	Reflect on your positionality and bias Cultural humility	• Who are you? Where are you from? What peoples and places are you connected to? • What assumptions or biases should you remain mindful of? • What do you know? • What do you still need to learn? • Ask directly and honestly when unsure • Recognize the person as the expert of their own experiences • Seek guidance or collaboration from FNIM peoples with relevant knowledge when gathering, interpreting, and communicating information
Assessment	Meet before the formal assessment, where feasible, to prepare for a transparent and supportive process	• Explain your role and ensure limits of confidentiality are understood • Describe the purpose and process • Prepare the individual for the types of questions that may be asked • Ask what supports they may need, including accommodations and/or who else they may want there • Ask if an interpreter is needed or helpful
	Consider the importance of space and place	• When possible, meet in-person • Ensure the space is physically comfortable for the individual • Provide access to outdoors, when possible • Have cultural and spiritual practices or medicines available as needed
	Responsivity and flexibility	• Adjust the pace and take breaks • Recognize signs of increasing distress • Leave time to check-in and end with lighter or strengths-based conversation • Offer or connect the person with supports following (e.g., smudge)
	Build rapport	• Introduce yourself beyond your professional role

Interpretation, Formulation, & Report Writing	Learn about the whole person	• Share food and conversation • When possible, meet more than once • Ask about strengths, interests, knowledge, relationships, and sources of support • Ask how they understand their identity, culture, community, and experiences • Ask about their goals, and what healing and wellness mean to them
	Approach the assessment as a conversation, not an interview	• Ask open-ended questions • Use clear and accessible language • Ask for clarification, do not assume • Be transparent when you do not understand an experience or the meaning • Allow the person's responses to guide further questions, when possible
	Increase transparency about the assessment process	• State the number, length, location, and format of meetings and who was present • Describe sources of information and how they were used clearly • Indicate what information you tried to get and why it was not included in the report
	Be aware of and acknowledge bias	• Avoid repeating harmful or unsupported file-based information and language • Acknowledge that file-based information has limitations and may be biased • Preface assessment results with limitations and bias of tools used
	Consider the relevance of information and how it may be interpreted	• Ask why you are including the information and how it is relevant to them • Provide clear rationale and support for information you include
	Meaningfully integrate colonial context, strengths, and healing	• Acknowledge root causes and colonial context, including consideration of alternative understandings & consultation • Connect broader colonial and community context to the individual's experiences • Integrate strengths and a healing plan
	Reconsider the report structure to recentre the person	• Introduce the person and their community before standard preambles • Acknowledge the lands the report was written on • Integrate FNIM language and community names throughout the report

information is relevant, considering alternative explanations, and ensuring colonial context informs formulation and recommendations (Monjazebe, 2025; Muir et al., 2023). Across the process, relatives emphasized the importance of bringing greater balance to the assessment and the report. Adjusting the approach to the assessment creates more opportunity to learn about the person's strengths, identity, relationships, goals, and what healing and wellness mean to them. Information gathered through these conversations can then meaningfully shape interpretation, formulation, and recommendations, and be integrated throughout the report (Ramshaw et al., 2021a). This is consistent with forensic reporting guidelines describing formulation as an individualized process that situates relevant information within the person's circumstances and considers strengths or protective factors (Ramshaw et al., 2021a).

Taken together, relatives' recommendations align with trauma-informed, culturally safer, and culturally responsive approaches. However, the full scope of what relatives described points toward a broader and more comprehensive approach: a decolonial approach to forensic assessment and report writing. Relatives emphasized understanding how colonial and structural conditions shape the person and the assessment process, questioning the Western assumptions and power structures that shape what is considered relevant or objective, creating space for FNIM knowledge and understandings of healing, recentring the person, their relationships, strengths, and goals throughout the assessment process, reconsidering the emphasis placed on risk and control, and addressing organizational and system-level barriers. Overall, these recommendations describe an approach that requires examining and challenging the colonial assumptions, structures, and practices that shape how FNIM peoples are understood and represented in forensic reports.

Strengths and Limitations

A strength of the present project was the use of mock forensic reports as a starting point for the conversations. Rather than asking relatives to discuss forensic reporting in the abstract, the reports allowed them to respond directly to the language, structure, information included or missing, sources used, and broader assessment procedures reflected in the reports. Although the reports protected the confidentiality of real individuals, they reflected recognizable Manitoba report structures and frequently reminded relatives of reports, people, and circumstances they had encountered through their own work and experiences. This helped generate recommendations that were more closely connected to current forensic practice.

Another important strength was the depth and range of knowledge that relatives brought to the project. Relatives were purposefully recruited because of their experience working alongside FNIM peoples involved in the criminal legal system. Their perspectives were informed not only by professional roles, but also by personal, cultural, and community knowledge. The length and relational nature of the conversations also created space for relatives to move beyond identifying concerns in the mock reports and reflect on what different approaches could look like in practice. The project was further strengthened by ongoing guidance from the North Hawk Elder Council throughout the design, implementation, and analysis. Consulting with the Council on the findings, including the visual representation of the thematic framework, provided important feedback regarding cultural grounding, clarity, and relevance, as well as another form of relational and community accountability. During this consultation, Elder Martha Kahnapace also reflected that the framework resonated with her own lived experience of incarceration and assessment.

Several limitations are also important to acknowledge. First, although the project was initially framed around FNIM perspectives, the eight relatives identified as First Nations and Métis, with no relatives identifying as Inuit. The findings therefore cannot provide representation of Inuit-specific perspectives or experiences. There is also substantial diversity within and across First Nations and Métis communities, and the perspectives shared by eight professionals should not be understood as representing all First Nations or Métis peoples or communities. The findings are better understood as providing direction grounded in the knowledge and experiences shared by these relatives, with further Inuit-led and distinctions-specific work needed.

The use of mock reports also placed boundaries around what could be explored. A mock report cannot reproduce the full clinical file, assessment relationship, reasoning process, or practical circumstances surrounding a real forensic assessment. Relatives' responses were necessarily shaped by what was included and omitted from the materials they reviewed. In addition, both reports were situated within Manitoba NCR and UST contexts. Although many of the concerns and recommendations may be relevant more broadly, transferability to other forensic questions, including sentencing, parole, or correctional contexts, as well as to other jurisdictions and Nations, requires careful consideration. This limitation is closely connected to one of the project's strengths: the focused nature of the reports allowed for detailed and practice-relevant reflection, but it also limited the circumstances that could be examined.

A further limitation is that the eight relatives whose conversations formed the analysis have not yet had the opportunity to provide feedback on the findings. The North Hawk Elder Council consultation strengthened the cultural grounding and development of the framework, but it does not replace returning the findings to the relatives whose knowledge and conversations informed them. Feedback from relatives will be important before any additional publication and

when determining how this knowledge should be shared and translated into future resources or changes in practice.

Finally, violence risk assessment became considerably more prominent in relatives' conversations than was anticipated and could not be examined in depth within the scope of the present project. Their reflections raised broader questions about how colonial and structural conditions shape risk factors, perspectives on how the risk assessment was presented in the mock reports, and recommendations tailored to balancing risk factors with strengths.

Future Directions and Next Steps

Several next steps are planned for the present project. The findings will be returned to relatives who consented to provide feedback, both to remain accountable to the knowledge they shared and to inform any revisions needed before further publication or knowledge mobilization. Guidance from relatives and the North Hawk Elder Council will also help determine how and where the findings are shared. Second, I will analyze conversation transcripts for a more focused analysis of relatives' perspectives on violence risk assessment.

Further research should continue to build on the areas that the present project could not adequately address. Specifically, Inuit led research is needed to centre Inuit specific knowledge and experiences. Future research could also examine how the practice and system recommendations identified here work when implemented, including whether changes to assessment and reporting affect cultural safety, trust, the understanding developed of the person, and the quality and usefulness of forensic reports. Because the mock reports were situated within Manitoba NCR and UST contexts, research in other forensic and legal settings and jurisdictions would also help determine where these findings are transferable and where different approaches are needed.

Conclusion

The present project began by asking how colonial contextual factors are discussed in forensic assessment reports and what FNIM professionals recommend should change. The findings from conversations with eight First Nations and Métis professionals suggest that the mock reports did not simply provide an incomplete picture of the person; they produced a disproportionately risk-focused and deficit-based picture in which the person's strengths, resilience, relationships, context, and capacity for healing were largely absent. The findings also demonstrate that meaningful contextualization depends on the broader assessment process and the lens through which information is interpreted.

Across the findings, relatives consistently brought the discussion back to the person at the centre. Their recommendations identify practical changes that forensic professionals can make, while also highlighting areas that depend on broader organizational and system-level change. This matters beyond the report itself because forensic reports contribute to decisions that can affect a person's liberty, treatment, and pathway toward reintegration. Relatives' reflections also challenge narrow risk-based understandings of public safety by emphasizing that healing and safety are connected. Bringing the person back to the centre can support forensic assessment and reporting that is more balanced, culturally safer, and better able to support healing and reintegration.

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Appendix A: Consent Form

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Letter of Information and Consent to Take Part in a Research Project

Project Title: *Centring First Nations, Inuit, and Métis Perspectives: Addressing Colonial Context in Forensic Assessment Reports*

Student Research Lead:

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Sponsors

This project is funded by the Social Sciences and Humanities Research Council of Canada.

Conflict of Interest and Undue Influence

McKenna Claeys and Dr. Alicia Nijdam-Jones do not have any conflicts of interests in this research.

Invitation to Take Part in the Project

You are being invited to take part in a research project.

This project is guided by the North Hawk Elder Council with Indigenous Elders and knowledge experts from British Columbia, Manitoba, Québec, and New Zealand. Based on guidance from the Council, the western term *participants* has been replaced with *relatives* for this project and relatives will be used in the remainder of this form. This is meant honour that we will be working alongside each other on this project. Throughout this form, phrasing such as “take part,” “be a part of,” and “involved in” are used in place of “participate” and “participation.”

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, feel free to ask the student research lead whose contact information can be found above. Please take the time to read this document and any accompanying information carefully. It is very important that you understand:

- what is being asked of you,

- what the risks and benefits of taking part in the project are, and
- how the information you provide will be used and stored.

Purpose of the Research Project

I am doing this research for my master's thesis under the supervision of Dr. Alicia Nijdam-Jones. This research project aims to provide guidance for integrating unique systemic and background factors into forensic reports and recommendations for a path that supports the holistic healing and wellness for Indigenous peoples. To do so, I will speak with First Nations, Inuit, and Métis professionals' who have experience working with Indigenous peoples in legal, forensic, or community-based settings.

To take part in this project, you must:

- Self-identify as First Nations, Inuit, or Métis
- Have worked in one or more of the following legal, forensic, or community-based settings in Manitoba the past five years:
 - Corrections, parole, probation, legal services, Gladue report writing, social work, non-profit organization
 - Or other positions where you provided services to or worked with First Nations, Inuit, or Métis peoples involved in the criminal legal system
- Be over the age of 18
- Consent to conversations being audio recorded.

Project Procedures

If you decide to take part in this project as a relative, we will meet for one to two 60-to-90-minute research conversations. These meetings will take place in-person at a location you are comfortable with, including your work or another preferred space. If you are unable to meet in-person, we can meet via Zoom. The total meeting time, including introductions, consent, and the research conversation, will range from 90-120 minutes. You may reschedule your conversation up to 3 times if you are not feeling well enough to take part in the conversation on the scheduled date.

Prior to the scheduled conversation I will send you a copy of two mock forensic reports and instructions for reading them to allow time for review and reflection. I will ask you how much time you would like to review these mock reports, which can be between two to three weeks. The mock reports were created using exact wording from several different forensic reports, which were previously published as part of a project analyzing colonial factors in forensic reports in Manitoba. Specific details were paraphrased, altered, and adapted to further minimize any risk of identification and create consistency about the hypothetical First Nations person described in each mock report.

During the research conversation, I will ask you about:

- Your demographic information (e.g., age, role, years of experience).
- Your reflections from reading the mock reports
- Your perspectives on how First Nations, Inuit, and Métis peoples unique histories and backgrounds should influence reports and recommendations

If you are uncomfortable with a question, you do not need to answer it.

Conversations will be audio recorded and transcribed using UM Zoom, and I may also digitally write down some observations during the conversation. We will keep the audio recording on UM Zoom until the accuracy of the transcript (the document of what you said) is verified. A member of the research team will listen to the audio while reviewing the transcript to verify that the correct words, spelling, and grammar are used to ensure that your words and their meaning are being accurately written. We will also remove any personal information (name, age) from the transcript. You will have the option to review a copy of the transcript from your conversation and can indicate your interest in this at end of consent form. I will email or mail you a copy of your transcript. If you would like to review a copy of your transcript, you would have 1 month to provide feedback. If I don't hear back from you after 1 month, I will assume that you are okay with the transcript as is. After the transcript has been reviewed, we will use NVivo qualitative software to help organize and understand common experiences across relatives' de-identified stories.

To make sure that we have accurately understood relatives' stories, I will invite relatives to provide feedback on a summary of common themes from across conversations. If you are interested in providing feedback, please check this box at the end of this consent form and indicate whether you would like to provide feedback via email or a meeting (in-person or Zoom). If you prefer to provide feedback via email, the summary will be sent to you, and you would have 1 month to provide feedback. If you would prefer to meet with me to discuss the preliminary interpretations, I would reach out to you to schedule a date, time, and location and would share the summary 2-4 weeks before our meeting.

You would be contacted to provide feedback in approximately Summer 2026. If we do not hear from you, we will not assume that you agree with our interpretation. In reports or summaries of the project results we will indicate the number of people who consented to provide feedback and the number that responded. General information regarding the feedback and how it was integrated will also be provided.

Project Risks

There may be some harms from this project. The excerpts in the mock reports reference sensitive topics such as substance use, intergenerational trauma, and colonial harms. The mock reports and our conversation may bring up emotional responses and personal experiences that can be difficult. You may skip any question you do not want to answer, at any time, and for any reason. I will provide the option to smudge before and after our conversation. I will also check in with you at the end of the conversation and will be available for follow-up conversations to debrief or ask questions to ensure your well-being. There is also a list of mental health resources at the end of this consent form that you can call if you feel upset in the days after the conversation

There is also the potential that certain findings, if reported, may pose a collective risk, for example by describing the community in a negative way. This is why the North Hawk Elder Council will help guide decide which project findings will be publicly released and how to release them, which will reduce any misuse of the project data.

Project Benefits

You will have a chance to share your personal and professional experiences with systemic inequalities and discuss how evaluators need to understand and discuss colonial context for First Nations, Inuit and Métis peoples involved in the criminal legal system. The information gathered during the project will be used to create meaningful, culturally informed guidelines for forensic reports that can help assist judges and other legal decision-makers in understanding how these factors impact the individual regarding their risk for future violence and the need for alternative treatment approaches to truly address the systemic factors and harms the individual is facing.

Compensation

If you are eligible and consent to take part in the project as a relative, you will receive a \$50 honorarium at the start of the meeting for the research conversation once you confirm consent. If you decide at any point in the conversation that you do not wish to answer any more questions, you will still receive the honorarium. If you choose to provide feedback on the summary of themes, you will receive a \$50 honorarium as a thank you for your time once you have received the summary. If you do not wish to provide feedback anymore, you will still keep the honorarium.

For in-person meetings, honoraria can be provided as cash, e-transfer, or e-gift card to a local grocery store. For Zoom meetings, honoraria can either be provided by e-transfer or e-gift card.

Confidentiality

We are committed to ensuring that the information you share is kept safe and used in a meaningful way for First Nations, Inuit, and Métis peoples. We will uphold the highest standards of confidentiality throughout the research process.

All the information you provide as a relative in this project is confidential, which means we as the research team must keep it safe. We will do our best, however, it is not possible to guarantee absolute confidentiality. We will only share your personal information if required through court order or law. We have a professional obligation to report information to appropriate authorities. This legal requirement may involve situations such as reporting harm or abuse to a child or elder, or if there is an immediate risk of harm to you or others.

Use and Storage of Information

Your information will be stored on secure platforms approved by the University of Manitoba and will only be accessible to the research team.

Audio recordings and transcripts will initially be stored on UM Zoom and then securely transferred to the University of Manitoba OneDrive for storage. Once the transcript has been verified for accuracy, the recording and transcript will be permanently deleted from UM Zoom.

To protect your privacy, we will replace your name with a unique project ID (e.g., S01). Your conversation data will be stored using this project ID instead of your name. Consent forms and contact information (e.g., email) will be stored separately from conversation data.

A de-identified copy of your conversation transcript will be analyzed using NVivo, a secure qualitative data analysis software. The NVivo account is password protected. After the final version of the analysis is completed, all audio recordings will be destroyed (approximately August 2026).

After receiving an honorarium, you will be asked to fill out and sign a form indicating your name, the date, the amount received, and how you received the honorarium (e.g., cash). Paper honorarium forms will be digitized by scanning them directly into the University of Manitoba OneDrive and then securely destroyed (e.g., cross-shredded). Emails confirming receipt of digital honoraria (e.g., e-gift cards or e-transfers) will also be stored on OneDrive as password-protected PDF documents. This information will be kept separate from your research information and stored securely for a minimum of 7 years in case the University of Manitoba needs it for a financial audit.

When the results of this research are shared, demographic information will be reported in grouped form (e.g., average age). We may also share some of your information as quotes. At the end of this consent form, you will be asked to indicate whether you would like your name to be used with quotes, remain anonymous by selecting a general descriptor (e.g., Relative 1) or by selecting a different name (e.g., Kwe) to protect your identity. Your choice will also be recorded in a password-protected file that links this information to your name and your project ID. This file will be stored separately from all other project data on OneDrive.

If you would like to waive anonymity by having your name included by your individual quotes, you would need to either agree to review your transcript and/or review and approve a list of quotes to determine which can be used with your name when the research team shares them (e.g., with policy makers, in future publications or presentations). Please select one or both boxes at the end of this form. If I have not heard back from you or received any feedback, we will not assume that you agree with the use of your name and will use your selected alternative.

We may wish to contact you within the next seven years for follow-up research related to this project. There is no obligation to take part in any future research. If you consent to this, I will collect your phone number and email address, which will be securely stored and protected for seven years to ensure your confidentiality. If you would like to remove yourself from this list, you can contact me via email (claeyism@myumanitoba.ca) at any time.

All information on OneDrive, including consent forms, contact information, the file linking names, transcripts, and analysis files, will be securely stored for a minimum of 7 years (approximately April 2033). These files may be securely destroyed after this time.

Data Sharing

We will share research information with the North Hawk Elder Council for consultation and guidance. Digital copies of excerpts from de-identified conversation transcripts may be shared during analysis and a summary of the results with supporting quotations will be shared with the North Hawk Elder Council. This information will be shared using a secure OneDrive link.

Your research information may also be shared outside the University of Manitoba with researchers, other organizations, and/or be made publicly available. This information would be shared for further analysis, as part of the project, and/or because it is required by a funder or journal. It will not include your name or any information that could directly identify you unless you give us permission to include your name.

Dissemination

We will share the findings from this project through the publication of my master's thesis. We may also share findings with Indigenous and non-Indigenous community organizations, justice professionals, policy makers, and forensic mental health service providers. This information will help to make forensic reports more useful and culturally safe for Indigenous peoples in Manitoba.

If the results of this project are published or presented at conferences, seminars or other public forums, no individual information or information that could identify you will be released – unless you have asked that your name be included with your words.

You can also choose to receive a summary of the research project results via mail or email. This summary will include an overview of results from all relatives and will not contain any identifying information. You would receive this summary in approximately Summer 2026. If you would like to receive a summary of the results, please select this box at the end of this form.

Withdrawing

Taking part in this research project as a relative is voluntary. You can choose to answer only the questions that you are comfortable with. You may withdraw from this project for any reason. You do not have to explain why. You will not be penalized in any way. The honorarium is yours to keep. If you withdraw partway through the conversation, all of your information will be destroyed unless you provide consent to retain the information collected up to the point of withdrawal.

If you would like to withdraw from this project after your conversation, please contact the research lead within 1 month of your conversation. After this time, we may have begun analyzing transcripts and identifying patterns across relatives' experiences and perspectives. Since qualitative analysis involves interpreting and integrating responses, it may not be possible to fully remove the influence of your responses from the analysis. However, we will do our best to destroy your information and to ensure that none of your quotes are included in future publications or presentations.

To withdraw from the project, please contact McKenna Claeys at claeysm@myumanitoba.ca

Questions or Concerns

Designated University of Manitoba personnel may look at your information to see that the research is being done in a safe and proper way.

This study has been reviewed and approved by a Research Ethics Board at the University of Manitoba. However, this does not mean that participation is risk-free. If you have questions

about your rights as a research participant, you may contact the Office of Human Research Ethics at humanethics@umanitoba.ca or (204) 474-7122.

If you have any questions, concerns, or complaints about this study, you may contact the student research lead listed on the first page or the Office of Human Research Ethics.

Consent

By signing this document, I agree that:

- I have read the above information or had it read to me.
- I have had the opportunity to ask and have had all my questions answered.
- I understand what is being asked of me.
- I will be taking part in a research project.
- I may freely stop or leave the research project activities at any time.
- I understand what the researchers will do with the information I give them.
- I do not waive my legal rights by taking part in the research project.

I agree to take part in this project as a relative.

- ☐ YES
☐ NO

For my individual quotes:

- ☐ *I want my name to be included, written as _____
- ☐ I want my spirit name(s) to be included, written as _____
- ☐ I want a pseudonym (e.g., Kwe 1 noted that...). My pseudonym should be _____
- ☐ I want my name to NOT be included (written as, "One relative noted that...")

*If you would like your name to be included, in case you are unable to approve the use of your name with a quote before it is shared, please select one alternative option:

- ☐ I want my spirit name(s) to be included, written as _____
- ☐ I want a pseudonym (e.g., Kwe 1 noted that...). My pseudonym should be _____
- ☐ I want my name to NOT be included (written as, "One relative noted that...")

*If you would like your name to be included, would you like to review and approve a list of quotes to provide feedback on which can be used with your name included? (This box or the one below must be checked if you want your name to be included with individual quotes)

- ☐ YES
☐ NO

Would you like to review and provide feedback on your conversation transcript? (This box or the one above must be checked if you want your name to be included with individual quotes)

- ☐ YES
☐ NO

Would you like to provide feedback on a summary of the preliminary project interpretations (i.e., how we understood relatives' stories)?

- ☐ *YES

☐ NO

*If yes, how would you like to provide feedback?

☐ I would like to provide feedback via email. _____

☐ I would like to provide feedback during an in-person or Zoom meeting. _____

Summary of results:

☐ *I would like to receive a summary of the research project results. _____

☐ I do not want to receive a summary of the research project results. _____

*If you would like to receive a summary of the research project results, how should we send it to you?

☐ Email

☐ Mail

If I choose to withdraw partway through the project, I agree that the research team may still include the responses I have completed in their analysis.

☐ YES

☐ NO

I agree that the information I provided to the research team can be sent to or used by other researchers, funders, research or community organizations, or journals for any future research purposes:

☐ Only if it does not include my personal information

☐ With my name included.

I give consent to be contacted for the next 7 years for possible future research projects connected to this research.

☐ YES

☐ NO

By agreeing to be contacted, you are not required to take part in any future research project. If you wish to withdraw your name from this list, please contact the student research lead, McKenna Claeys at claeysm@myumanitoba.ca.

My email address is: _____

My mailing address is (if applicable): _____

My phone number is: _____

Please initial: _____

Oral Consent

I read and explained to the relative all the information in this consent form before receiving the relative's consent. The relative verbally consented to take part in this project.

Name of Relative

Researcher's Signature

Date

Notice Regarding Collection, Use, and Disclosure of Personal Information

Your personal information is being collected under the authority of *The University of Manitoba Act*. The University of Manitoba is committed to preserving your right to privacy. The information you provide will be used by the University to support our research. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* or *The Personal Health Information Act*. If you have any questions about the collection of personal information: Ph: 204-474-9462 or Email: fippa@umanitoba.ca

Mental Health Resource List

Crisis Resources	
<i>Service Provider</i>	<i>Contact Information</i>
Hope for Wellness Help Line - 24/7 counselling service for Indigenous peoples across Canada	Telephone: 1-855-242-3310 Online chat: https://www.hopeforwellness.ca/
MKO Mobile Crisis Response Team - Available for First Nations peoples living on or off reserve in Manitoba	Telephone: 1-844-927-5433 Email: crisisresponse@mkonorth.com
Manitoba Métis Federation Health & Wellness Line - 7am-11pm, 7 days per week - Must be a member of MMF	Telephone: 1-833-390-1041
Suicide Crisis Helpline - 24/7 crisis service	Telephone or text: 9-8-8
Non-Crisis Mental Health Resources	
<i>Service Provider</i>	<i>Contact Information</i>
Aboriginal Health & Wellness Centre of Winnipeg - Offers counselling, sharing circles, ceremonies, & traditional teachings	Telephone: 204-925-3700
Addictions Foundation of Manitoba - Offers in-house and community-based services for individuals experiencing addiction	Telephone: 1-866-638-2561
Anxiety Disorders Association of Manitoba - Offers peer support programs for individuals experiencing anxiety	Telephone: 1-204-925-0600
First Nation & Inuit Health Branch - Offers virtual or in-person counselling with mental health therapists and cultural healing providers	Telephone: 1-204-983-4571
Ka Ni Kanichihk - Offers programs for children, youth, women, men, & 2SLGBTQIA+ individuals	Telephone: 1-204-953-5820
Ma Mawi Wi Chi Itata Centre - Spiritual care services available - Drop-in services and groups available	Telephone: 1-204-925-0300
Manitoba Farm, Rural & Northern Support Services - Free counselling for individuals living in rural or Northern Manitoba	Telephone: 1-866-367-3276
Mood Disorders Association of Manitoba - Offers programs for children, youth, women, men, & 2SLGBTQIA+ individuals experiencing mental health concerns	Telephone: 1-800-263-1460

Appendix B: Mock Report Instructions

Background

Risk assessment tools are used in many different areas of the legal system in Canada. You may be familiar with some of these tools and reports, which are commonly used to inform decisions for individuals involved in the legal system at various points in an individual's involvement. Risk assessments are used in criminal legal proceedings (e.g., bail, sentencing, parole/conditional release), family law (e.g., child protection or custody), and immigration contexts (e.g., inadmissibility hearings), among others. Risk assessment tools are also an important part of Forensic Mental Health Reports, which are used by the provincial Review Board to inform legal decisions regarding custody and treatment for individuals found Unfit to Stand Trial (UST) or Not Criminally Responsible (NCR).

Present Project

The mock reports shared with you contain selected excerpts from Forensic Mental Health Reports where use of the Historical-Clinical-Risk Management-20 (HCR-20), a widely-used risk assessment tool, was used to evaluate violence risk for First Nations, Inuit, and Métis (FNIM) peoples. Specifically, reports were submitted to the Manitoba Criminal Code Review Board following a pre-trial judicial finding of UST (i.e., unable to understand legal proceedings or communicate with counsel; Ramshaw et al., 2021b) or a post-trial finding of NCR (i.e., at the time of the criminal offence, the individual was unable to understand right from wrong due to a mental disorder; Ramshaw et al., 2021d). All excerpts in the mock reports are pulled from a project analyzing what colonial factors are being documented and how these factors are being discussed in relation to the unique circumstances of FNIM peoples, in Manitoba (Claeys et al., 2026). Due to differences between pathways and procedures for individuals found UST and NCR, two mock reports were created.

The present project aims to address the urgent need for guidance on how to meaningfully integrate colonial context into forensic mental health reports in ways that promote healing and wellness for FNIM peoples. Specifically, the present project aims to answer the following questions:

1. What are FNIM professionals' perspectives on how colonial contextual factors are discussed in forensic expert assessment reports for FNIM individuals?
2. What recommendations do FNIM professionals' have for how forensic experts should
 1. integrate colonial context into their reports, and
 2. ask questions about colonial factors in a culturally appropriate way?
3. What recommendations do FNIM professionals have for practical changes that experts can make when meeting with FNIM peoples to better support FNIM wellness?

Guidance for Reading Mock Reports

To help ensure confidentiality and provide more examples of language used, the above-mentioned excerpts are presented in the format of *mock reports*, meaning that the reports shared are not real reports. To create realistic reports that reflect real practices, these reports were created with assistance from a clinical psychologist in Manitoba who has experience writing forensic reports and include exact wording from several real forensic reports (Claeys et al., 2026). Specific details were paraphrased, altered, and adapted to further minimize any risk of

identification and create consistency about the hypothetical FNIM person described in the mock report. This includes names of individuals and communities, which have been created for the purpose of this report, are fictitious, and thus may not reflect real names used in Manitoba.

Two separate mock reports were created – one for individuals found UST and one for individuals found NCR – to reflect the different judicial contexts and pathways in the forensic mental health system for each finding. Additional context, which is tailored to each finding, is provided on the first page of each mock report to help guide you when reading.

The mock report is provided prior to our conversation to give you the time to review it and meaningfully consider any thoughts, feelings, perspectives, or anything else that came up from reading the mock reports.

The excerpts and discussions provided in the mock reports may reference sensitive topics such as substance use, intergenerational trauma, or other colonial harms. These topics may evoke emotional responses. If you have difficulty and would like to meet or talk before the research conversation, please do not hesitate to contact me (claeysm@myumanitoba.ca) and we can speak over the phone, or meet in-person or via Zoom.

Appendix C: NCR Mock Report Reader Guide

What is NCR?

A finding of Not Criminally Responsible (NCR) applies when a person committed an act but, due to a mental disorder, could not appreciate what they were doing or that it was wrong. Rather than entering the correctional system, they come under the jurisdiction of a Review Board.

The Review Board process:

The Review Board holds an initial hearing within 45 days of the NCR verdict, and at least once per year after that. At each hearing, the Board determines the least restrictive disposition appropriate given public safety, the individual's mental health, and their reintegration needs.

Dispositions range from detention in a secure facility, to supervised release in the community, to an absolute discharge — which ends Board jurisdiction entirely.

It is uncommon for an individual to obtain an absolute discharge at their initial hearing. Length of involvement with the Board varies; longer involvement is somewhat connected to severity of crime, insight, and available community resources.

The Role of the Forensic Report

Clinicians prepare a report for the Board before each hearing covering mental health status, treatment progress, and recommendations.

The report includes a risk assessment, which helps the Board weigh the likelihood of future harmful behaviour and what conditions or supervision would reduce that risk.

What Happens Over Time:

As mental health stabilizes and risk decreases, individuals typically move toward less restrictive conditions. The process was developed to be oriented toward treatment and safe reintegration, not punishment.

Realities of the Current System:

Although the initial hearing must be held within 45 days after the finding of NCR, the court order often does not reach the clinical team until days or a weeks later — and the report is due two weeks before the hearing, leaving clinicians as little as a week to complete it.

Collateral information such as prior records, school history, or family background is not always available within that window — jail and legal records sometimes arrive after the report has already been submitted.

Arranging for the individual to be brought from custody for an interview can be logistically difficult and is not always possible.

There is rarely enough time to conduct formal psychological testing, meaning some needs and risks may not be fully captured in the report.

Appendix D: UST Mock Report Reader Guide

What is Unfit to Stand Trial (UST)?

A finding of Unfit to Stand Trial (UST) applies when a person, due to a mental disorder, is unable to understand the nature or consequences of their trial or communicate with their lawyer. Unlike a verdict of Not Criminally Responsible, a verdict of UST is about the person's current mental state — not their state of mind at the time of the offence. The goal is to restore fitness so that legal proceedings can continue.

The Review Board process:

Following a UST finding, a hearing must be held within 30 days (or 90 days if the individual is in a rural location, however, it is common orders do not exceed 45 days).

The Review Board determines the appropriate disposition while the individual receives treatment aimed at restoring fitness. Dispositions range from secure detention to conditional community release — with the least restrictive option appropriate to public safety and treatment needs.

The Board reviews the individual's status at least annually, and fitness is reassessed over time.

The Report's Role:

Clinicians prepare a report addressing current mental status, treatment progress, and the likelihood of the individual regaining fitness. The report includes a risk assessment to help the Board determine what level of supervision or restriction is appropriate in the interim.

What happens over time:

Many individuals regain fitness with treatment and return to court for their matter to proceed.

If fitness cannot be restored, the Board continues to oversee the individual's care and may eventually stay proceedings in cases where the person is found permanently unfit.

Realities of the current system:

Although the hearing must be held within 30 days, the court order often does not reach the clinical team until days or weeks later — and the report is due two weeks before the hearing, leaving clinicians as little as a week to complete it.

Collateral information such as prior records, school history, or family background is not always available within that window — jail and legal records sometimes arrive after the report has already been submitted.

Arranging for the individual to be brought from custody for an interview can be logistically difficult and is not always possible.

There is rarely enough time to conduct formal psychological testing, and clinicians must form significant opinions — including the likelihood of fitness being restored — under considerable time pressure.

Appendix E: Conversation Guide and Demographics

These questions below are meant to be a guide to ensure consistency across conversations. Due to the relational approach of this project, these are not written out as a script and instead are meant to be asked conversationally. Demographic questions will be asked prior to starting the research conversation. Even if I have an established relationship with someone, all relatives will be asked these questions to ensure that it reflects how they identify.

Demographic Questions

1. **What is your date of birth?** _____
2. **What is your gender identity? (Please select all that apply.)**
 - a. Cis-gender woman (i.e. assigned female sex at birth and identify as a woman)
 - b. Cis-gender man (i.e. assigned male sex at birth and identify as a man)
 - c. Transgender woman (i.e. assigned male sex at birth and identify as a woman)
 - d. Transgender man (i.e., assigned female sex at birth and identify as a man)
 - e. Non-binary
 - f. Two-Spirit
 - g. Prefer to self-describe: _____
 - h. Prefer not to say
3. **What is your ethnicity?**
 - a. Do you identify as First Nations, Inuit, Métis, or another identity?
4. **What is your current position?**
5. **What is your background or experience working with First Nations, Inuit, and Métis peoples in the legal system?**

- 6. Are there any lived or personal experiences you feel have shaped your work in this area?**
- 7. How familiar are you with forensic or correctional reports?**
- 8. How familiar are you with violence risk assessments?**
 - a. Have you ever administered a risk assessment?
 - b. Have you ever tried scoring yourself on a risk assessment tool?

Conversation Guide

- 1. I wanted to open up our conversation by asking you if you have any questions for me, or any thoughts or impressions on the reports?**
 - a. *Prompt:* What came to mind when you read the different report examples?
 - b. *Prompt:* How did you feel when you read the reports?
 - c. *Prompt:* What were your thoughts on the reports?
- 2. How could the unique experiences or distinctions between or within First Nations, Inuit, and Métis peoples impact how colonial factors are discussed and the recommendations provided?**
 - a. *Follow up:* If so, how should the unique histories and backgrounds influence reports and recommendations? (E.g., how it may impact views on spirits etc.)
- 3. How could unique experiences or distinctions between gender impact how colonial factors are discussed and the recommendations provided?**
- 4. How could unique experiences or distinctions between urban and rural-remote communities impact how colonial factors are discussed and the recommendations provided?**

- 5. How could evaluators ask questions about colonial factors in a way that is culturally appropriate and reduces the potential for causing harm?**
 - a. *Follow up:* How can this be communicated in the report?
- 6. Often reports document difficulty or inability to get information directly from the person (sometimes because they refuse to meet with them, or when they meet, they do not feel comfortable sharing). Are there any practical changes that evaluators can make when interviewing FNIM peoples involved in the criminal legal system to better support their wellness?**
- 7. What can evaluators do to help reduce the harm caused by risk assessment tools and provide more culturally informed assessments and recommendations?**
 - a. *Prompt:* Due to the overlap between colonial factors and risk factors, including these factors may be more harmful than helpful. How do you feel evaluators could contextualize this information without increasing perceived risk?
- 8. Are there any other thoughts, emotions, or knowledge you would like to share?**