UMINGMAK CHILD AND
YOUTH PROTECTION
CENTRE

This report is dedicated to the children and youth victims of any act that diminishes self and worth. It is hoped that this research will enhance child and youth victim services in Nunavut.

Arctic Children and Youth Foundation
2014-2015
Umingmak Child and Youth Protection Centre

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Nunavut: Child and youth victims aged 0-17, by police service and violation, Canada, 2013

Source: Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey

IN NUNAVUT 429 REPORTS OF CHILD ABUSE

SEXUAL ASSULTS 83
SEXUAL INTERFERENCE/SEXUAL TOUCHING 37

PHYSICAL ASSULTS, HARRASSMENT, THREATS 309
More than half of Canadian girls (Under the age of 16), have experienced some form of unwanted sexualized attention.

Under reporting is a serious problem:

More than 90% of child abuse cases are unreported.
INTRODUCTION

Abuse and violence against children and youth in Canada continues to be a serious problem. A 2011 Study published by the Department of Justice Canada revealed that:

In 2009, just over 75,000 children and youth were victims of police reported crime;

- Assault (level 1) was the most common type of police-reported violence committed against children and youth with over 31,000 being reported to police.
- Over half (59%) of all police reported sexual assaults were committed against children and youth under the age of 18 with 60% of these victims being between the ages of 12 and 17 (Department of Justice, 2011).

Please see Appendix 1 for additional national statistics.

It is estimated that only 10% of incidents are reported to police and that each year, over 750,000 Canadian youth and children are victims of violence and abuse (Statistics Canada, General Social Survey of Victimization, 2004)

A significant number of children and youth in Nunavut are also victims of abuse and violence.

Police investigated 516 alleged child and youth (0-17) abuse cases in 2012. (Statistics Canada 2012r, Canadian Center for Justice Statistics UCR2) See Appendix 2, services description and individual community statistics 2012.

December 19, 2012, The Government of Nunavut developed the “Nunavut Sexual Health Framework for Action”. This to ensure that there is a clear and coordinated plan in place to improve and maintain sexual health in the territory. One area that is clearly outlined in this framework is “improving sexual health through decreasing the number of people experiencing abuse including sexual abuse”. This is a five-year plan that describes the key elements of an action plan to address priority issues. See Appendix 2 Territorial Statistics

Currently, Nunavut has a number of services and support in place to support victims and their families. (See Appendix 3 for an outline of Nunavut’s current service delivery system). Across Nunavut some families report positive experiences with these supports however many more report dissatisfaction.

Unfortunately, some victims and their families report that they have been negatively impacted by the very system that was supposed to help them.

In direct response to these same concerns, Child and Youth Advocacy Center (CYAC) models have been developed across southern Canadian cities. The first CYAC established in Huntsville Alabama in 1984.

To date there are over 900 operating and emerging CYAC’s over 10 countries across the world (Children’s Advocacy Centre, http://www.nationalcac.org) including 26 in Canada.
Boys are at a greater risk of being victims of physical assault

Girls are at a greater risk of being victims of sexual assault

“Protect what you believe in”

~ Celina Kalluk (From Children's book Sweetest Kulu. PG11)
CONTEXT

In the fall of 2013, the Arctic Children and Youth Foundation (ACYF) was approached by the Government of Nunavut, Family Services Department to explore the possibility of development of a Child and Youth Advocacy Center in Nunavut.

With the existing Advisory Committee, ACYF worked in connection with its members to prepare a proposal submission with Government of Canada’s Department of Justice for the development of a Nunavut specific Child and Youth Advocacy Centre (CYAC).

In October 2010, the Government of Canada, through the Department of Justice Victims Fund (See Appendix 5 for more information) made $5.25 million dollars ($1.05M per year) available over 5 years (2010-2015) to create new child advocacy centers or to enhance existing ones. In April 2012, the Government committed an additional $5M over five years to increase the availability of funding under this initiative.

In September of 2014, ACYF was successful in obtaining a 2 year grant to explore the need and feasibility of developing a Nunavut Child and Youth Advocacy Center (Umingmak Child and Youth Protection Centre).

Research clearly suggests that there is no single best model for a CYAC. Variability is expected and welcomed in order to accommodate the unique differences and needs in each community. This is critical particularly in Nunavut with its vast geographical span, cultural differences, remotness and distance preventing access to any alternative out of territory services.

Nunavut’s population (Per 2011 census counts adjusted for net census undercoverage) reported July 01, 2014 indicate 36,585 and of this number 17,943 are 0-24 years of age. Nunavut’s population increased 3.2% from 2013.

Therefore, it is imperative that any alternative model for supporting child and youth victims carefully consider how to effectively meet the needs of Nunavut’s geographical span (See Appendix 6 for Nunavut Demographic layout), fast growing population and large child/youth population. More importantly a model that will focus specifically on Inuit Societal values.
PURPOSE OF THE ASSESSMENT

- To identify strengths and challenges of Nunavut’s current system supporting child and youth victims of abuse, violence and crime
- To identify stakeholders, and assess stakeholder interest in incorporating the Child and Youth Advocacy center model into Nunavut’s current system of supporting child victims of abuse, including exploration of a model specific to Nunavut
- Identify suggestions for an improved system and challenges of implementing a child and youth advocacy model in Nunavut.
- Understand how the current system impacts children/youth and families during investigation, medical, psychological treatment, and during court appearances.
- Outline recommendations regarding next steps for the project.

METHODOLOGY

The following steps were taken in order to complete this assessment:

- Arctic Children and Youth Foundation (ACYF) undertook the needs assessment portion of this project in house, with guidance from the Advisory Committee for the Umingmak Child and Youth Protection Center.
- Review of 2013 Brampton Regional Assessment & Future Directions, 2012 Developing Sea Star, coordinated webex sessions through the CAC/CYAC Network, and Four Step Methodology for Developing a Children’s Advocacy Center were used for insight and direction.
- Key stakeholders throughout Nunavut were invited to participate in an online survey (for list of participants that identified refer to Appendix 6), answering specifically identified questions (See Appendix 7 for questions)
- ACYF reviewed submitted answers to survey questions
- ACYF contacted other key stakeholders via telephone and email to review project initiative and discuss the CYAC model.
LITERATURE REVIEW: CHILD ADVOCACY CENTRE

Note: Traditional, centers that provide a community-based, coordinated approach to child abuse are called Child Advocacy Centres (CACs). Although they also support youth, this has typically not been reflected in its title. The Advisory Committee participants have made it clear that a model for Nunavut will be referred to as a Child and Youth Advocacy Center (CYAC), more specifically, Umingmak Child and Youth Protection Center (UCYPC). To be consistent with the literature however the term used in Literature Review section will be Child Advocacy Center (CAC).

WHAT IS A CHILD ADVOCACY CENTRE?

A Child Advocacy Centre (CAC) is a “seamless, coordinated and collaborative approach to addressing the needs of child and youth victims or Children/youth who have witnessed a crime” (Department of Justice Backgrounder, January 2013). Child Advocacy Centres provide a community-based, child and youth focused, culturally competent, multidisciplinary team (MDT) approach to the investigation, treatment, management, and prosecution of child and youth abuse (Horner, 2008).

The goal of a CAC is to reduce the number of interviews and questions a victim is required to participate in during the investigation and/or court preparation process “thereby minimizing any additional system induced trauma and enabling children to provide stronger evidence, which can lead to increased charges laid, guilty pleas, convictions and appropriate sentencing (Department of Justice Backgrounder, October 2010).

Historically, CACs have functioned primarily in response to child sexual abuse, whereas now their breadth has expanded to include peer to peer violence, physical violence, neglect, stranger assault, and witnessing to domestic violence (Horner, 2008).

The first CAC was established in Huntsville, Alabama in 1984. Currently, there are over 900 operating and emerging CACs in over 10 countries across the world (National Children’s Advocacy Centre, http://www.nationalcac.org/).

As of July 2014, Canada has 12 operational CACs, 2 pilot/demonstration projects, 8 in development and 4 in the feasibility study/needs assessment phase (See Appendix 4 to view a map of the Children’s Advocacy Centers in Canada; the locations and current stages, Department of Justice Canada 2014).

NATURE AND SCOPE OF CACs

There is much variability between CACs in how they are structured and the processes they follow (Cross et al., 2008). CACs can differ in their organization structure, developmental stage, community characteristics, referral processes, interagency involvement and agency vision, values and objectives. This invariably affects “who the CACs serve, what CACs do and what outcomes they might have” (Walsh et al., 2007).
The National Children’s Alliance has completed an abundance of research on developing best practices for implementing CACs. The following are the 10 Standards of practice of the CAC model:

- Multi-disciplinary Team
- Cultural competency and diversity
- Forensic Interview
- Victim support and advocacy
- Medical Evaluation
- Mental Health
- Case Review
- Case Tracking
- Organizational Capacity (See www.nationalchildrensalliance.org)
- Child Focused Setting

A CAC model coordinates and assist in integrating the services of a multi-disciplinary team of professionals that work collaboratively on the child and youth victim cases within the CAC but are most often employed and accountable for larger organizations (such as RCMP or Family Services) (Cross et al., 2012). According to the National Children’s Alliance, the Multi-disciplinary team must have representation from the following seven core professions:

- Law Enforcement;
- Child Protective Services;
- Prosecution;
- Medical Professionals;
- Mental Health Professionals;
- Victim Services;
- CAC Staff member.

The benefit of a multi-disciplinary team is that a child or youth does not have to be interviewed multiple times by these different professionals, and therefore the service providers are able to increase the quality of their work through collaborating on their decisions and intervention plans. This process fosters professional development as each team member learns new skills, knowledge and perspectives from their colleagues.

Most CACs have trained child forensic interviewers to ensure intervention is appropriate, practice-informed and child/youth centered. Interviews are conducted in an non-discriminatory, culturally aware, developmentally sensitive trauma-informed, objective and legally defensible manner. The interviews are child/youth centered, with the purpose of determining the truth, and where offences are disclosed, the interviewers strive to maximize the attainment of admissible evidence.

Other activities that a CAC may offer include support for families in navigating the justice system, prevention and awareness campaigns, training for justice and all professionals on best practices for interviewing child/youth victims and witnesses and joint advocacy for improved services for children and youth who are victims of abuse, violence and crime.
BENEFITS OF CHILD AND YOUTH ADVOCACY CENTRES

Research clearly indicates that Child Advocacy Centre services enable victims to provide more reliable and credible evidence, which may lead to an increase in charges laid, guilty pleas, convictions and appropriate sentences (Cross, et al., 2008).

Improved coordination of services and a child/youth-friendly environment make the experience less stressful for children/youth and families, with the goal of minimizing the long-term negative effects of experiencing trauma.

**Researched Benefits include:**

More cost effective investigations; one study found that investigations conducted by a CAC resulted in a 36% cost savings when compared to investigations conducted by a non CAC (Children’s Advocacy Centres of Washington 2011, CACWA position statement as cited in Shadoin, et al., 2006)

Effective in improving client satisfaction in comparison with past practices (Bonach, Mabry, &Potts-Henry, 2010, p.688). This can help to improve outcomes for children/youth and reduce complaints.

Mutual support for professionals engaged in emotionally stressful work (Kolbo & Strong, 1997, p 434-435 as cited in Brampton Regional Assessment 2013).

More accurate assessment and prediction of risk and more adequate intervention (Goldstein & Griffin, 1993: Pence & Wilson, 1994 as cited in Brampton Regional Assessment 2013).

Decreased fragmentation, less role confusion among different disciplines and reduced duplication of services among agencies (Pence & Wilson, 1994; Skaff, 1988 as cited in Brampton Regional Assessment, 2013).

Parents whose children receive services from a CAC are more satisfied with the investigation process and interview procedures than parents whose children receive services from a non-CAC (Jones et al. 2007).

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*Children and youth experience more sexual assault than adults –*

*The majority of these assaults are against youth*
CHILD ADVOCACY CENTRE;
CHANGING THE ABUSE SYSTEM

Changing the Child Abuse System

WHAT USED TO HAPPEN WHEN KIDS NEEDED HELP FOR ABUSE

Typical Case—Robin, Age 5
Tells her teacher she is being hurt at home.

At school...Who talks to Robin? her Teacher, her Principal, a School Nurse, who also examines her.

Who talks to Robin? Nurse, Social Worker, Doctor
Who examines Robin? Doctor

Police Officer talks to Robin
School calls Hotline and Police

Detective is assigned and brings Robin to a specialized hospital—where another Nurse, Social Worker, Doctor talks to her and is examined by another Doctor.

"Why do I have to talk to SO MANY people?"

A Counselor needs to talk to Robin.

A Child Protection Investigator needs to talk to Robin.

A Lawyer needs to talk to Robin.

Robin had to talk to 15 people, but now...
(turn over)
Adapted from: http://owenshousecac.org/changing-the-child-abuse-system/
EMERGENT THEMES : SERVICE PROVIDER AND GENERAL PUBLIC SURVEY

Through an online survey a variety of questions focused on the following emergent themes;

Theme 1 History of Child abuse in Nunavut
Theme 2 What happens when child abuse is disclosed?
Theme 3 How are children/youth and families impacted
   (by current methods of investigation, treatments, court)
Theme 4 What supports currently exist for children/youth and family
Theme 5 Possible Challenges of implementing a CAC in Nunavut
Theme 6 Identified Key Stakeholders

“I believe that this will become a place for children and youth to be respected and treated with dignity. I believe that this place will take away the continuance victimization in children and be there for parents and family member who also need support and help after the situation.”

(Survey Q9)

Please refer to Appendix 6 for a full list of survey Questions
Participants shared various understandings of the history related to child abuse in Nunavut, with focus on historical abuse from residential schools and colonization that has developed a cycle of abuse. Understanding that historical abuse has potential to emerge as a cycle in behavior, and by earlier abused children get help the greater chance they have to heal and break the cycle—rather than perpetuate it. (http://www.helpguide.org/articles/abuse/child-abuse-and-neglect.htm)

“From what I understand, child abuse was not a significant problem prior to Nunavummiut settling into communities. Children were cared for and protected by adults within camps.”

“Residential School abuse and trauma has long standing effects. - Children and families do not usually report abuse. - Not unlike families/victims in southern Canada, Inuit families are protective of family members. - Abuse continues today also as a result of social issues stemming from colonization: loss of manhood; loss of purposeful life; introduction to alcohol and other substances; overcrowding; lack of meaningful work/employment”

“Child abuse began to significantly start rising after Inuit began to settle in communities. The majority of child abuse is by known perpetrators often a family relative. In Nunavut we have extended families living in the same homes with each other, overcrowded housing that helps perpetuate the issue. We have few resources in our communities. Professionals working in our communities are often imported extra-territorially so aren’t always aware of the cycles of abuse, the peculiarities inherent of the north or the culture, or sometimes even cannot communicate with uni-lingual Inuktitut-speaking clients. There are huge gaps in addressing the widespread abuse. Our people’s crimes in Nunavut are always many times the national average and are most times the highest in the country and across countries.”

“Know too well as I experienced it first hand, though I grew up in a loving family who loved me. The abuse did happen and I know there are many forms of abuse going on in
Nunavut as well as in the rest of the world. There may be more of it going on as Inuit lose grip of their identity and as they struggle in a society, which is relatively new to us. There has been a drastic change in the last 50 years and that is bound to have an impact on how we live.

With each other. Any emotional change is bound to have a negative impact in our lives if we let the change go unchecked.”

“I know that children in Nunavut have been abused (in every way) and neglected for many years now. It has almost become normalized. The majority of our children have been sexually abused and the current system just further re-traumatizes the child and the family.”

“My partner is a social worker, and I have worked with law enforcement for many years, and we are foster parents. The issues with children have taken a personal twist when entering our house for safe homes. As for the history of Nunavut, we are both well versed and educated on the colonialism, the ostracizing, the contrasting cultures, and the generational issues that are prevailing. The issues of children in Nunavut is an acute issue - none of us are immune to what is going on, as we are forced to confront it daily.”
Respondants have reported in this area personal experiences, professional experiences and what may be the assumed method. Respondants have also identified in this question the emotional aspects of disclosure. Although it is known that most cases on child abuse go unreported. A study conducted at the University of Alberta highlights key finding regarding child sexual abuse in North America. “It appears that more than 95% of cases are never reported to authorities and occur “below the surface”. (Erin Martin and Dr. Peter Silverstone of the departments of Psychiatry and Neuroscience at the University of Alberta, Study Source: frontiersin.org)

**METHODS OF DISCLOSURE**

“A child who is deemed to be the subject of abuse / neglect will be removed from the home for 72 hours to ensure the immediate safety of the child. Whenever possible, the child will be placed with extended family. If no family members are willing / able to care for the child, the child will be placed in a regular foster home. The Court will hold a First Stage Hearing to determine 1) if there was sufficient evidence to warrant the removal of the child, and 2) if the child continues to be in need of protection, and cannot be returned home immediately. During the 72 hour period, the child protection worker will begin a safety assessment, and determine whether the child can be returned home, whether a plan of care is required, or whether a temporary order is needed, allowing the parent(s) to take steps to address the initial safety concerns (i.e. drug / alcohol treatment, counseling, etc.).”

“When child abuse is disclosed usually RCMP are involved and maybe a social worker. However, the social worker and RCMP member usually are not trained in working with children. Also, they tend to look at it from an investigative approach instead of helping. This just further traumatizes and victimizes the child and the caregivers that are trying to help them.”

“This is where the type of resources that are available affects what happens next. As there are little or no resources available, often the victim does not get the support that they need. The justice system for the offender is a slow process too.”
“Often nothing. Child protective agencies, police and health care workers should be contacted. The safety of the child should be top priority”

EMOTIONAL EFFECT AND BARRIERS OF DISCLOSURE

“For the child, fear, vulnerability re-triggering of thoughts and emotions that may have been highly compartmentalized, in order to survive the experience; rawness and requiring help to articulate and process repressed strong images and memories.”

“What I have seen was social services becomes involved and in some instances parents are to take a parenting course courses are not available all the time or when always when needed. I have also seen on my situations where the parents hid the abuse because of the fear of allowing social service into their home and fear of being punished for their child being abused (even if it is not them being the abuser).”

“Emotions surface. Children will be interviewed by a social worker or police officer or both, and sometimes with a translator. An investigation is initiated, hopefully if the person receiving the disclosure reports the abuse. For a few reasons, including language, not everyone knows that there is legislation in place to ensure child abuse is reported. Statements are taken from family members. The suspect may be arrested. There may be charges, there may be testifying in court. Families can break up, child welfare workers may have to remove children from homes. Shame is felt across families. Sometimes there is difficulty in interviewing and obtaining all relevant information and evidence from a child. A long process is involved. Sometimes families never repair. Sometimes a child is negatively affected for life. Many things result after disclosure.”

Child sexual abuse is not a new problem in our communities but our battle against it is... and if we are to win that battle, we must do it collectively.

(No More Secrets 1991, Pauktuutit)
How are children/youth and families impacted by the current method of investigation?

Current method of investigations in Nunavut as outlined by the responses indicates “a system that has challenges”. Participants have identified the following problems on personal and professional levels: no specialized service providers, no known aftercare; traumatizing with lack of supports through out the process of disclosure and dealing with the court system; services providers and clients not knowing what services are available or how to use them. It has been recognized as an overwhelming and traumatizing process for clients and service providers.

“I don’t know if I’m answering these questions right, so I’m answering all questions based on my own experience when this happen to myself as a young teen. This was 20 years ago, from my own experience the RCMP and Medical treatment by a Doctor (check-up for signs of sexual abuse) was okay. Any psychological treatment was not offered at the time I’m assuming, as I did not receive any at the age of 12-14 I was at the time. The only time I spoke to someone was the day before or the day of court with someone who worked at the courthouse, other then that I did not talk to anyone professional. For me the experience was very intimidating as I could not speak very clear English and I did not have much support from my own family so I had very little understanding of what all the process was at the time.”

“Speaking only from my own experience the way my child’s molestation case was handled is unforgivable. Investigation was not done properly, the statement was audio recorded only which was not admissible in court, court kept being delayed and delayed, closed circuit TV was promised but never provided, the Crown Prosecutor just gave up because the case was "no reasonable chance of conviction" because his word would be more believable than a child. I've seen a Pediatrician ONCE (incidences happened over two years ago); there have been no other services, no counseling, assessments, nada. There's NOTHING for kids!!!! Wouldn't it make sense to help the kids to have a chance to have better adults in the community? I guess not. Due to trauma my child has many behavioral problems and is denied an education by spending most days in school with unqualified Student Support staff.”
“I think it is very traumatic for all involved in the process, especially the children. I think that sometimes children being pulled from their families is not necessary the best option. I think also that there are many people involved in the process of investigation, treatment and court appearances. This can be overwhelming for the children/families to have to re-explain the situation over and over again. I also don’t know how much help there is for the whole family when dealing with abuse. I wonder if there is family counseling, or if only the individual child gets treatment.”

“Children and family are deeply impacted by the current methods in a negative way. There are no service providers that have specialized training in working with children. When a child is victimized and confides in someone they usually end up in court. The court system up here is not designed to deal with children. In other jurisdictions courts usually have a victim service worker or a child psychologist present to help the child through the traumatic event of testifying but in Nunavut there are no such services. Not even any services for after care. Most children go untreated for the trauma they have experienced which causes problems later on in life.”

“Often times, the current methods RETRAUMATIZE those individuals. The person often relives the experience when being interviewed or having medical treatment done caused by the abuse. We don’t have the trained personnel who know how to address the needs of children when conducting these methods, and children have very different needs than those of adults. The individuals may also be left feeling alone after going through these methods. We also don’t have the after care services/procedures to ensure that children/families are supported after going through these methods.”
What supports currently exist for the child/youth and family?

Participants are able to identify several different levels of supports in Nunavut, but also express an uncoordinated, individualized system. A system that lacks coordination, cultural relevance, specialized service. Most respondents were not aware how to use services, and sense clients being steered in different directions. Identified services were; Social Services, Health Centers, Mental health, Friendship centers, Schools, RCMP, Churches, Crown Witness Coordinators.

“Support may be patchy . . . varies from one community to another or from one period to another. Baker Lake has an ongoing dedicated counseling program, called "Mianiqsijit" Project; not sure what may or may not be established elsewhere.”

“Very little supports exist outside of the assigned child protection worker. Nunavut has minimal (if any) resources to provide counseling to children, diagnostic assessments, adequate school supports, etc.”

“Very few, if any. There is very little encouragement to tackle this subject in either language. It is not represented well or fully in the school health curriculum or other places a child might come across it. It remains very political; people fear the reactions of others if they broach the topic or enshrine it in the learning system. Many social workers and mental health workers have never had training in this specific area and are/feel less than competent to deal with children who disclose. We lack a targeted awareness campaign on this subject which would change the environment of silence and forbidding and make it easier to come forward.”

“Foster care is the only thing of which I am aware. Victim services may also be available, but I am not aware of how that works.”

“Depends on the community. Basics are social services and health professionals (nurse / mental health nurse, possibly a youth worker, social worker). Some communities may have members trained in working with families, children, etc.”
“The standard is that Child Protection and RCMP should be notified. This standard varies from community to community and is based on several factors: training of RCMP availability of social worker in community child more often than not, repeats the story due to lack of coordination between sectors.”

“Often, the social worker is the only support, but with the issue so widespread and multiple duties involved with Nunavut social work, only some time can be spared for the child/family. There is really no counseling available...there are no support groups, nothing.”

“I think that the CYAC is a much needed service in Nunavut! I think that the services the CYAC provide will have a positive effect on Nunavummiut.” (Survey Q9)
Respondents focused on a wide variety of barriers that may pose as challenges in Nunavut while trying to implement the CAC model. Most identified challenges were; Language/cultural barriers, Training, lack of qualified professionals, funding, staffing (high transition rate of workers), Collaboration between service providers, abuse is normalized, and over all denial about abuse.

“Language barriers Experts who may not know much about Inuit culture/Northern setting Lack of qualified staff Possible trust issues.”

“Accessing trained staff who are familiar with (and sensitive to) working with children in a culturally-appropriate manner.”

“No community based The level of expertise required are not yet found in trained Inuit people Use of interpreters Not immersed in Inuit ways; based on a southern model and approach to practice that will be tweaked to be perceived as a fit for Inuit Another bureaucracy focused on pathology rather than a healing approach.”

“People who are in complete denial about how common abuse is. People will stress that it has to be all about "Inuit culture" --it is important that support and treatment be founded on recognized national and international methods of addressing this issue. "Inuit culture" pretends that the abuse isn’t happening and focuses on forgiving and forgetting above all else.”

“Ensuring that trained local staffs are hired. Training needs to begin now so that the staff can be at least 85% beneficiaries to ensure that the program providers are reflective of the service recipients.”

“Professional implementation by people locally always affects relatives and can create backlash for them. People form the south, always get harassed as "taking our jobs" or
"Telling us what to do!" Definite challenge is that no good deed goes unpunished.... I have tried to help in the past and it has blown up in my face.

"Some possible challenges are finding the right and/or qualified professionals to work in the center. Also, finding workers that are committed to the job and will stay and not create a high turn over rate. It is very important for people in positions of trust to stay to help build the trust."

"A challenge would be that the CAC model must take into account that other organizations are treating the same problem and must work collectively in order to waste less time, money and resources. We all have the same goals; working collaboratively is the best defense we have."

"Hesitation on the part of the general population who have not seen this dealt with before in this manner. A certain level of fear and apprehension on their part The need for circulation of information showing the links to behaviors and reactions that educate so people can see the harm done in not telling and working through it Engagement of the leadership who historically have not wanted to touch this topic Making good public service announcements that educate, inform and encourage people "to get it out of them" for a fuller, more satisfying live ahead Funding when the leadership is hesitant Finding the right people to lead it with vision, credibility and training."

"Always being criticized, funding, being able to help all kids throughout the territory as it is a big (landscape wise) territory, parents feeling as they cant help their own kids when needed."

"Unwillingness or impediments by current government to really acknowledge this is a problem. Publically naming/shaming those who are abusers. Real judicial action against known abusers. Treatment centres in the territory to help facilitate healing of those who have been abused. Don’t allow this issue to become a cultural blaming game."

"Cost, cost, cost. Capacity to coordinate it as a territorial entity. To find a balance in personnel, culture, trained professional and administrative. Running an operation in Nunavut has its unique challenges that strains staff and so there is always high turnover rates."
Identified Key Stakeholders

From the survey, respondents identified key stakeholders that they felt were important to be included in the development stages of a CAC for Nunavut.

- RCMP
- ELDERS
- REPRESENTATIVE FOR CHILDREN AND YOUTH
- HEALTH
- FAMILY SERVICES
- MENTAL HEALTH
- JUSTICE COMMITTEES
- HAMLETS
- INUIT ORGANIZATIONS (NTI, RIOs, ITK, STATUS OF WOMEN, PAUKTUUTIT,)
- GOVERNMENT OF NUNAVUT
- SCHOOLS
- COMMUNITY LEADERS
- CROWN’S OFFICE
- JUSTICE
- LAWYERS
- COMMUNITY MEMBERS
- SURVIVORS
- CHILDREN / YOUTH
- UNIVERSITIES
- TERRITORIAL CHILD ADVOCACY GROUPS
- CHILD/YOUTH SPECIALISTS
- COMMUNITY BASED ORGANIZATIONS (PULAARVIK, ILISAQSIVIK, ETC
- CHURCHES
- EDUCATION
CONCLUSION

Over the past year, and during the fast-paced 4 month time of preparing this assessment, Nunavut has shown enthusiasm around the development steps for a CAC in its Territory. The Advisory Committee’s commitment and assistance with the ongoing development clearly demonstrates dedication and passion around advocating for our child and youth victims of crime.

The survey and individual discussions revealed that Nunavut’s current system needs to focus on providing children and youth victims with the best supports possible. Nunavut needs resources that provide wrap around support to the child, youth and families impacted by abuse and violence.

The Umingmak Child and Youth Protection Center (UCYPC) initiative for Nunavut will be one that coordinates a team of multidisciplinary interagency partners in the delivery of services to children/youth. Goals for an effective CAC program in Nunavut will focus around:

- Interagency collaboration through developing and enhancing partnerships;
- Developmentally and culturally appropriate responses for child/youth victims and or witness to crime;
- Training and development for professionals working with child and youth victims and/or witnesses;
- Data collection, case review and program evaluation;
- Developmentally appropriate forensic interviews by trained interviewers;
- Forensic medical examinations available to all children/youth who are victims of crime;
- Child/youth-focused court processes;
- Timely and trauma-informed therapeutic interventions available to child/youth victims and/or witnesses of crime;
- Aftercare programs and follow-up;
- Development of education and awareness programs/resources for communities.

The next phase of this project (Feasibility Study) will outline what the best model of delivery will be for Nunavut, how the UCYPC will be able to serve all children/youth in every community of Nunavut.

Effective development and sustainability of the UCYPC is going to demand commitment from all areas (Government, Inuit Organization, Communities, individuals, Leaders, etc.) in Nunavut. Nunavut has many strengths to build on in achieving our goals.

As the UCYPC development continues and we have commitment and collaboration between child/youth serving departments and organizations, success will certainly be possible.

“Protect what you believe in” ~ Celina Kalluk, Sweetest Kulu
FACTS

In 2013, the police reported 4,232 incidents in the "sexual violations against children" category, 279 more than in 2012. (http://www.statcan.gc.ca/daily-quotidien/140723/dq140723b-eng.htm)

According to police-reported data for 2013, about 16,700 children and youth, or 243.5 for every 100,000 Canadians under the age of 18, were the victims of family-related violence. This represented over one-quarter (29%) of all children and youth who were the victims of a violent crime. (Juristat Article- Family Violence in Canada: A Statistical profile, 2013 – Statistics Canada, Catalogue no. 85-002-X http://www.statcan.gc.ca/pub/85-002-x/2009003/article/10902-eng.htm).

In 2013 data shows charges were laid in less than half (45%) of family violence incidents against children and youth, compared to 59% of police-reported family violence involving adult victims aged 18 years and over. (Juristat Article- Family Violence in Canada: A Statistical profile, 2013 – Statistics Canada, Catalogue no. 85-002-X http://www.statcan.gc.ca/pub/85-002-x/2009003/article/10902-eng.htm).


Canadian children and youth are over-represented among the category of victims of sexual abuse. Research by Brzozowski (2004) suggests that children under the age of 18 accounted for 23% of the Canadian population yet they represented 61% of sexual assault victims. (http://www.rcmp-grc.gc.ca/ncecc-cncee/factsheets-fichesdocu/enviroscan-analyseenviro-eng.htm)

Stanley (2001) cites research that claims that there are approximately 14 million pornographic websites with some posting approximately one million child abuse images, and that between 23,000-40,000 sites advertised chat rooms that defend child-adult sexual relationships. (http://www.rcmp-grc.gc.ca/ncecc-cncee/factsheets-fichesdocu/enviroscan-analyseenviro-eng.htm)

PHYSICAL VIOLENCE

Physical assaults are the most common type of police-reported violence committed against children ad youth with nearly 42,000 physical assaults being reported. (Statistics Canada, Canadian Centre for Justice Statistics Profile Series, Child and youth victims of Police-reported violent crime, 2008)

The majority of police-reported physical assaults against children under the age of 6 were committed by someone know to the victim (81%). For these young victims, 6 in 10 physical assaults ere perpetrated by a family member (Statistics Canada, Canadian Centre for Justice Statistics Profile Series, Child and youth victims of Police-reported violent crime, 2008).
SEXUAL VIOLENCE

In 2009, over half (59%) of all victims of police-reported sexual assault were children and youth under the age of 18 with 60% of these victims being between the ages of 12 and 17 (Statistics Canada, 2011, Family Violence in Canada: A statistical profile, Catalogue no. 85-224-X http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

Sexual violence against children and youth was more commonly perpetrated by someone known to the victim (79%), including family members, friends or acquaintances. (Statistics Canada 2010, Family Violence in Canada: A statistical profile, Catalogue no. 85-002-X http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

In 2009, the rate of family-related sexual offences was more than four times higher for girls than for boys. The rate of physical assault was similar for girls and boys (Measuring Violence Against Women: Statistical Trends 2006, Statistics Canada; Ontario Coalition of Rape Crisis Centres http://www.sexualassaultsupport.ca/Default.aspx?pageId=535956).

Women and girls are considerably more likely than men to be targeted; however for males, being under 12 years old heightens their vulnerability to sexual offences (Wolfe and Chiodo, CAMH, 2008, p. 3; Ontario Coalition of Rape Crisis Centres, http://www.sexualassaultsupport.ca/Default.aspx?pageId=535956).

Young women from marginalized racial, sexual and socioeconomic groups are more vulnerable to being targeted for sexual harassment and sexual assault (Wolfe and Chiodo, CAMH, 2008, p. 3.).

The risk of sexual abuse of persons with disabilities "appears to be at least 150% of that of individuals of the same sex and similar age without disabilities". (DAWN Ontario, Disabled Women’s Network Ontario, 2006, http://www.orcc.net/sites/all/files/pdf/Sexual-Assault-Statistics-FS.pdf)

FAMILY VIOLENCE

Nearly 55,000 children and youth were the victims of a sexual offence or physical assault in 2009, about 3 in 10 of which were perpetrated by a family member (Statistics Canada Family violence in Canada – A statistical profile, 2011, http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

A 2009 report by the Department of Justice Canada, estimates the economic impact of spousal violence – only one form of violence, to be about $7.4 billion a year, which amounts to $225.00 per Canadian (An Estimation of the Economic Impact of Spousal Violence in Canada, 2009 http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/p0.html#sum).

Girls are disproportionally represented as victims of family violence (sexual violence). In 2011, rates of family violence were 56% higher for girls than boys (Statistics Canada Family violence in Canada – A statistical profile (2011) http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).
Rates of family-perpetrated physical assaults against children and youth have been relatively stable from 2009 to 2011, while rates of sexual assault have dropped over this same period (Statistics Canada Family violence in Canada – A statistical profile (2011) http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

RELATIONSHIP VIOLENCE

As with violent crime overall, young Canadians were most often the victim of intimate partner violence (Statistics Canada Family violence in Canada – A statistical profile, 2011, http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

Women and men in their late 20s and early 30s had the highest rates of intimate partner violent victimization, followed closely by those aged 15 to 24 years. Rates generally declined with increasing age and were highest for women in every age group (Statistics Canada Family violence in Canada – A statistical profile (2011) http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf).

THE IMPACT OF ABUSE AND VIOLENCE

Forty-nine (49%) of homeless women are survivors of childhood sexual abuse; 51% are survivors of childhood physical abuse (Canadian Mental Health Association, 2006) http://www.orcc.net/sites/all/files/pdf/Sexual-Assault-Statistics-FS.pdf

REPORTING

Less than 10% of sexual assaults are reported to police (Statistics Canada, General Social Survey of Victimization, 2004).


Results from the 2009 General Social Survey (GSS) on victimization show that 27% of Canadians aged 15 and older said they had been a victim of a criminal incident in the 12 months before the survey. This proportion was unchanged from prior results of 2004 (General Social Survey: Victimization, http://www.statcan.gc.ca/daily-quotidien/100928/dq100928a-eng.htm).

Younger people were much more likely than older people to report that they had been victims of a violent crime. Individuals between 15 and 24 years old were almost 15 times more likely to have been a victim than seniors 65 and older (General Social Survey: Victimization http://www.statcan.gc.ca/daily-quotidien/100928/dq100928a-eng.htm)
APPENDIX 2: TERRITORIAL STATISTICS

Child and youth victims aged 0–17, by police service and violation, Canada, 2012r.

<table>
<thead>
<tr>
<th>Location of Police Service</th>
<th>1330 - Sexual Assault</th>
<th>1345 Sexual Interference</th>
<th>1350 - Invitation to Sexual Touching</th>
<th>1410 - Assault, Aggravated</th>
<th>1420 - Assault Level 2, with a Weapon</th>
<th>1430 - Assault</th>
<th>1625 - Criminal Harassment</th>
<th>1627 - Utter Threats</th>
<th>Grand Total</th>
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<td>1</td>
<td>7</td>
<td>18</td>
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<td>12</td>
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<td>8</td>
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<td>6</td>
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<td>49</td>
<td>291</td>
<td>5</td>
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The Inuit Health Survey conducted in 2007-2008 found, 52% of women and 22% of men reported having experienced severe sexual abuse during childhood. (Inuit Health Survey, 2012
In 2010, Nunavut’s rate of sexual assault crimes was more than 9 times the national rate (Statistics Canada, 2012b: cited in Nunavut Sexual Health Framework for Action, 2012).

Children in Nunavut under the age of 18 are 10 times more likely than their Canadian peers to experience sexual violations (Statistics Canada 2012b: cited in Nunavut Sexual Health Framework for Action, 2012).
APPENDIX 3: NUNAVUT SERVICE DELIVERY SYSTEM

Current Forensic Investigation Process (Nunavut)

A child/youth under 18 years of age discloses to another individual a current and/or historic case of abuse. Types of abuse include physical, sexual, emotional, neglect or having witnessed a crime.

- Friend
- Parent/Guardian
- Youth Program Worker
- Teacher/Principal
- Counselor
- School Nurse

Individual

Education

Health
- Health Clinic
- Emergency Room
- Family physician

Social Services
- Current case worker
- Referral call

Justice
- Youth Corrections Worker
- RCMP officer

Child & Family Services and/or RCMP respond and conduct a forensic interview.

Conduct the child/youth interview at police station
Conduct a forensic sexual assault exam
Conduct a physical and mental health assessment for treatment and referrals
Gather witness statements
Gather other physical evidence

Protection placement and Trauma support referrals

PPSC/Crown and RCMP review if criminal charges will be laid

File closed
Proceed for prosecution

Mental health supports for population wide and acute trauma inadequate

Access to trauma programs and therapeutic services is limited to social worker and/or mental health worker for child/youth victim.

No funded services are available for families.

High caseload for frontline workers prohibits effective case management for each child/youth and family for long term support outside of immediate crisis management and protection.

Referrals to out-of-territory residential programs is a lengthy wait time and process.

Umingmak CAC Feasibility Study
APPENDIX 4: CHILDREN’S ADVOCACY CENTERS IN CANADA

Children's Advocacy Centres in Canada
A snapshot of the locations and current stages of development of specialized services for child and youth victims of crime

Legend
- Open
- Pilot/Demonstration project
- In development
- Feasibility study/needs assessment

Current as of August, 2014
Child Advocacy Centres Initiative Overview:

The Federal Victims Strategy consolidates all federal government work related to victims of crime into one objective: to give victims a more effective voice in the criminal justice system.

The Victims Fund provides grants and contributions to support projects and activities that encourage the development of new approaches, promote access to justice, improve the capacity of service providers, foster the establishment of referral networks, and/or increase awareness of services available to victims of crime and their families. The Fund does not provide criminal injuries compensation for victims of crime.

Child Advocacy Centres (CACs) are funded by the Victims Fund. They provide a coordinated approach to addressing the needs of child and youth victims and/or witnesses in the criminal justice system. CACs seek to minimize system-induced trauma by providing a single, child-friendly setting for young victims or witnesses and their families to seek services.

The Victims Fund:

In October 2010, the Government of Canada made $5.25 million dollars ($1.05M per year) available over 5 years (2010-2015) to create new child advocacy centres or to enhance existing child advocacy centres in Canada. In April 2012, the Government committed an additional $5M over five years to increase the availability of funding under this initiative. This funding is accessible under the Victims Fund that has an annual budget of 11.6M.

Objectives of the Victims Fund:

- Promote access to justice and participation by victims in the justice system;
- Promote the development of law, policies and programs for victims;
- Promote the implementation of principles, guidelines and laws designed to address the needs of victims of crime and articulate the victim’s role in the criminal justice system;
- Increase knowledge and awareness of the impact of victimization, the needs of victims of crime, available services, assistance and programs, and relevant legislation;
- Encourage governmental and non-governmental organizations to identify victim needs and gaps in services, and develop and deliver programs, services and assistance to victims;
- Promote capacity-building within non-governmental organizations; and
- Provide direct, limited, emergency financial assistance to individual victims in certain specified circumstances.

For more information please visit: http://www.justice.gc.ca/eng/fund-fina/cj-jp/fund-fond/cac-cae.html
Nunavut is the least populous of Canada's three territories with 35,591 residents as of 2013 (Statistics Canada, September 26, 2013), but the largest territory in land area at nearly 1,880,000 km² (730,000 sq. mi). Nunavut's 25 municipalities cover only 0.2% of the territory's land mass but are home to 99.97% of its population (http://en.wikipedia.org/wiki/List_of_municipalities_in_Nunavut)
## Nunavut Child and Youth Population Estimates, 2011

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<td><strong>Total</strong></td>
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<td>2,006</td>
<td>1,647</td>
<td>1,740</td>
<td>1,643</td>
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</table>

| **Kiviliq**          |        |        |        |          |          |
| Arviat               | 2,308  | 303    | 279    | 279      | 227      |
| Baker Lake           | 1,938  | 208    | 188    | 241      | 213      |
| Chesterfield Inlet   | 389    | 38     | 39     | 46       | 26       |
| Coral Harbour        | 852    | 121    | 109    | 95       | 89       |
| Keewatin unorganized | 0      | 0      | 0      | 0        | 0        |
| Rankin Inlet         | 2,717  | 268    | 276    | 290      | 271      |
| Repulse Bay          | 838    | 127    | 106    | 80       | 90       |
| Whale Cove           | 407    | 59     | 48     | 46       | 37       |
| **Total**            | 9,449  | 1,124  | 1,045  | 1,077    | 953      |

| **Kitikmeot Region** |        |        |        |          |          |
| Bathurst Inlet       | 0      | 0      | 0      | 0        | 0        |
| Cambridge Bay        | 1,666  | 143    | 145    | 167      | 132      |
| Gjoa Haven           | 1,161  | 126    | 130    | 144      | 123      |
| Kitikmeot unorganized| 28     | 1      | 2      | 1        | 0        |
| Kugaaruk             | 713    | 94     | 92     | 93       | 83       |
| Kugluktuk            | 1,450  | 133    | 126    | 138      | 146      |
| Taloyoak             | 878    | 103    | 115    | 90       | 90       |
| Umingmaktok          | 0      | 0      | 0      | 0        | 0        |
| **Total**            | 5,896  | 600    | 610    | 633      | 574      |

*Sources: Statistics Canada, Demography Division, Cansim table #051-0001 and Special tabulations*

*Prepared by: Nunavut Bureau of Statistics, March 20, 2012*

*Notes: 1) Baffin, Keewatin and Kitikmeot unorganized areas include outpost camps.*
PURPOSE OF SURVEY

The Arctic Children and Youth Foundation (ACYF) is currently in the beginning stages of the development of a Child and Youth Advocacy Center, more appropriately named “Umingmak Child and Youth Protection Center” for Nunavut. Under the Department of Justice Canada’s Victims Fund, ACYF and its Expert Advisory Committee will over the next 1.5 fiscal years engage in a “Needs Assessment”, “Feasibility Study” and center development plan.

In order for the Arctic Children and Youth Foundation and the Umingmak Child and Youth Protection Centre project to effectively determine the need for a center of this kind, we are conducting a survey to service providers of children and youth of Nunavut. Your response to this survey is crucial in providing the necessary information to determine what services are available, how these services are utilized, what gaps there may be, and most importantly how our children, youth and their families access these services.

QUESTIONS

1. What do you know about the history of child abuse in Nunavut?
2. What do you know about the current child abuse situation (prevalance of abuse, types of abuse, percentage of children being abused)?
3. Can you estimate what percentage of child abuse situations involved police/child protection investigations?
4. How is child abuse disclosed?
5. What happens when child abuse is disclosed?
6. How are children/youth and family impacted by the current methods of investigation, medical and psychological treatment, court appearances, etc.?
7. What supports currently exist for the child/youth and family?
8. What are the long-term impacts of the abuse, the investigation and the court process for the child/youth and family?
9. CYAC are defined as seamless, coordinated and collaborative approach to addressing the needs of children and youth victims of crime, violence and abuse. What are your initial thoughts about the Child and Youth Advocacy Center model as described in the background information given?
10. What are the possible challenges of implementing a Child and Youth Advocacy Centre model in Nunavut?
11. Which Partners need to be involved?
REFERENCES


National Children’s Advocacy Centre website; http://www.nationalcac.org


Netsilik Family, Photo http://firstpeoplesofcanada.com/fp_groups/fp_inuit6.html


Erin Martin and Dr. Peter Silverstone of the departments of Psychiatry and Neuroscience at the University of Alberta, Study Source: frontiersin.org