Presentation by ACYF to MMIWG Commissioners and Parties of Standing

SARAH CLARK
EXECUTIVE DIRECTOR
Overview of Presentation

- Brief History in Nunavut
- ACYF Work
  - Umingmak Centre - Child Advocacy Centre
  - Trauma Awareness Workshop
- Recommendations
Inuit Power Curve

Pre-Contact

INDEPENDENCE & CONTROL

1500's

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First Contact

Pre-Contact

Explorers

Whalers

Missionaries

Traders

Government Era

RCMP / Justice system

Relocations

TB & health services

Social Programs

Day Schools & Residential schools

Government Administrators

Dog Slaughter

New Communities

Oil & Gas

INDEPENDENCE & CONTROL

1500’s

Late ‘60’s

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Canadian Government
RCMP
Relocations
Eskimo Identification Tags
TB in the North — 1940’s – 1960’s
New Communities 1950’s – 1960’s
Dog (Qimmiit) Slaughter – 1950’s – 1960’s
Future priorities for Nunavut

1500’s

Pre-Contact
Exkplorers
Whalers
Traders

Government Era

Explorers
Whalers
Traders

Missionaries
Relocations
Dog slaughter

TB & health services
Day Schools & Residential schools
Social Programs

Communities
Oil & Gas

INDEPENDENCE & CONTROL

Late ‘60’s

Devolution

Nunavut 1999

Land Claims 1993

Constitution
Broadcasting
Language & Culture

Inuit Organizations

Oil & Gas

INDEPENDENCE & CONTROL

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The trauma experienced by generations past having an effect on their descendants
Child Abuse in Nunavut

- Experience abuse and maltreatment at 10x the rate of other Canadian children
- Nunavut has the highest rates of child sexual abuse (CSA) in Canada
  - 52% of Inuit women and 22% of Inuit men reported having experienced severe child sexual abuse (2008 Inuit Health Survey)
  - In comparison, 20-25% of non-Indigenous Canadian women report having experienced CSA and 25-50% of Indigenous Canadian women (Statistics Canada, 2012)
- The actual rates may be much higher, as many incidents are not reported to authorities
Underreporting

Reporting Suspected Cases of Harm to Children/Youth to the RCMP/Family Services

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No - Reporting will make the situation worse for the victim and family</th>
<th>No - Why bother, there are no real supports or services to help the child/family</th>
<th>No - I was afraid of retaliation on me or my family</th>
<th>No - Abuse has become so normalized so why bother</th>
<th>No - Because I don't trust the justice system/family services</th>
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</thead>
<tbody>
<tr>
<td>Count</td>
<td>14</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>2</td>
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# Recommendations from study

1. Have a child-friendly facility for immediate protection, forensic interviewing and trauma services

2. More mental health and trauma counselling supports for child/youth and immediate family

3. Reduce the number of people the child needs to retell his/her story to directly so they are not re-traumatized over and over again

4. Have more rehabilitative programs for the abuser to heal the community

5. Have zero tolerance approach to community retaliation and harassment of child/youth victims of abuse

6. Train law and medical personnel in each community in the collection of forensic evidence to support criminal prosecutions

7. Include traditional healing and Elders in rehabilitation programs
What is a Child Advocacy Centre

A PLACE OF HOPE, HELP AND HEALING

SUPPORT
- Ongoing support, community resources, referrals, and education are offered to children, youth, and families.

INTRODUCTION
- Children, youth, and families are introduced to the CAC and CAC staff. Families are told about the CAC process.

ASSESSMENT
- CAC team assesses initial concerns and provides support to children, youth, and families.
- Collaboration between RCMP, Ministry of Children and Family Development, Health Services, and Child and Family Advocates.

INTERVENTION
- CAC team develops a care plan and safety plan for children, youth, and families.

INVESTIGATION
- Police and/or child protection social worker conduct child forensic interview.
- If necessary, forensic medical exam is completed.

HOPE AND HEALING
- Specialized treatment and follow-up care provided.

CHILD ADVOCACY CENTRE of Kelowna
What Needs Does it Address?

Common Issues and Gaps:
- No child-friendly locations
- Multiple interviews
- Lack of coordination
- Lack of timely access to health/mental health care and other supports
- Lack of support for parents
- Case management is inconsistent and fragmented
- Nunavut – lack of culturally appropriate, bilingual services
Our Methodology

Guiding Inputs

- UCYSC Working Group
- Best Practices
- Alaska site visits and mentoring network
- Focus Groups
- CAC national network
Umingmak Child and Youth Support Centre

CAC (Location and Support in Iqaluit)

- RCMP
- Medical services
- Mental health
- Victim services
- Prosecution
- UCYSC Management Group
- UCYSC Working Group

Family and child services
Peer Leader Mental Health Training

Needs identified by the youth

- Lack of Awareness & knowledge
- Need for more community supports
- Better understanding of trauma
- Better understanding of self
- Child-friendly victim services
- Vicarious trauma
- Peer response to disclosure
- Referral to training in crisis de-escalation

Tools to respond to disclosures

- Frontline worker panel series
- Q&A activity
- Canadian Victim Bill of Rights
- Community Justice Outreach Workers

Resource people in the community

- Coping & resilience after trauma
- Appropriate youth-led activities
- Self-care
- Safe spaces

Developing coping supports

- Historical and current traumas
- Individual and society
- Physical & mental impacts, child development
- PTSD
- Consent

Understand past and present trauma
Currently...

<table>
<thead>
<tr>
<th>Revisions</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>2 advisory committees</td>
<td>Capacity – facilitators</td>
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<tr>
<td>○ Youth advisory</td>
<td>Post-program support and mentorship</td>
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<tr>
<td>○ Stakeholder advisory</td>
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<td>2 Inuit youth hired – mentored for</td>
<td>Year-round support</td>
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<td>project management</td>
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Recommendations

1. Overcrowded housing, food insecurity and lack of access to culture and language
2. Education on Nunavut’s history and effects of colonialism
3. Child and youth support
4. Parenting skill building
5. True integration of IQ principles